

Experiences of Clinic Teachers in Handling Students' Health Needs

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ABSTRACT

The increasing absence of school nurses in educational institutions has compelled classroom teachers to assume demanding responsibilities for student health needs, often without adequate preparation. This qualitative phenomenological study aimed to explore the lived experiences, challenges, coping mechanisms, and realizations of clinic teachers in Monkayo District, Davao de Oro, who manage student health in such circumstances. A qualitative phenomenological research design involved in-depth interviews with six purposively selected clinic teachers from public secondary schools. Participants had at least two years of teaching experience and direct involvement in student health management. Data analysis utilized thematic analysis to interpret the subjective perceptions and meanings derived from their experiences. Findings reveal that clinic teachers primarily undertake specific health-related tasks such as providing first aid for common ailments and monitoring infectious diseases. However, they perceive significant limitations in their knowledge and skills, citing a critical lack of formal medical training, insufficient time, and a limited ability to assess diverse student health issues accurately. Emotionally and psychologically, they experience considerable stress, worry, and fear (especially regarding complex cases like epilepsy or mental health crises, and administering medication), which directly impacts their focus in class. They utilize available resources like MOOE-provided medicines, seek additional training and seminars, collaborate with other stakeholders, and adapt practices by documenting issues, learning through experience, and soliciting advice from parents. Their realizations underscore the indispensable necessity of a permanent school nurse for student safety and effective health management, a heightened awareness of their professional limitations, and the crucial link between student health and learning. Recommendations include prioritizing the employment of permanent school nurses, reducing teaching loads for designated clinic teachers, implementing comprehensive health training and emergency response workshops for all teachers, ensuring adequate provision of essential medical equipment and supplies, and establishing clear, standardized health protocols in collaboration with local health units. These measures are crucial to enhance support, improve health outcomes, and ensure a safer, more conducive learning environment for students.

Keywords: educational administration, clinic teachers, student health needs, medical training, school nurse, coping mechanisms, health services, Philippines

INTRODUCTION

The Problem and Its Background

Clinic teachers were the ones who catered to students' health needs while they were at school. For instance,

the lack of school nurses in many educational institutions has compelled classroom teachers to assume the demanding responsibility of addressing student health needs, a task for which they are sometimes ill-equipped (Mohamed, 2024). According to Lasco et al. (2025), this transition raises substantial concerns about student safety, teacher well-being, and the overall effectiveness of school health services, highlighting the intricacies and challenges of increasing dependence on teachers to manage student health without certified medical professionals in schools.

At Western Carolina University, Cullowhee, USA, Hill and Hollis (2012) conducted a study on the relationship between having a school nurse and the number of health-related activities teachers undertake, based on results gathered from 2011-2012. The results indicate that teachers' time engaged in health-related activities was spent on 20 health concerns per day, with an average of 73.58 minutes in year one and 35.86 minutes in year two. This manifests that without a school nurse, teachers' time for teaching will be compromised to attend to students' health-related concerns. Probably, increased communication and student safety were facilitated. The continuing presence of nurses seems crucial for an optimal balance of teachers' workload with the health needs of students.

Moreover, in the Ateneo de Manila University, Philippines, a study conducted by Lasco et al. (2025) discusses that public-school teachers are overburdened in providing student health care services. Their study reveals that teachers perform various tasks for students, such as nutritional status assessment, mental, social, and psychological health work, resulting in challenges in doing health work, like being held accountable for students' health, lack of institutional support, and exposure to occupational health risks. This work concludes that to promote the teachers' work-life balance, they should be able to attract qualified health personnel to support their work and be sheltered from accusations.

The Pasian National High School has no plantilla for a school nurse. Yet, the institution assigned a teacher who functions in two roles, as a teacher and as a clinic teacher, attending to students' academic and health concerns on campus. Moreover, in Monkayo District, there is only one plantilla for a school nurse, and there has been a notable decline in school nursing services, thereby placing considerable pressure on teachers. Teachers are complaining that they must deal more often with health-related situations concerning students where they must administer medications, treat minor injuries, or respond to escalating mental health concerns without the benefit of the necessary specialized support. Excessive reliance on clinic teachers, who often do not have a formal medical background, has raised legitimate concerns regarding the adequacy of student healthcare, potential liability issues, and the evident increase in teacher stress. Some schools in the Monkayo District require consistent nursing support because they lack an assigned nurse or because alternative healthcare resources are unavailable. This strengthens the need to address the gap in school health services in the community.

Purpose of the Study

This qualitative phenomenological study would explore the experiences, challenges, coping mechanisms, and suggestions of five clinical teachers in the Monkayo District who manage the health needs of the students in the absence of a school nurse. It is anchored on Goode's Role Strain Theory to shed some light on the constraints these teachers encounter, their coping behaviors, and the insights gleaned from their experiences of struggling with these extra roles.

Review of Related Literature and Studies

This section highlights related studies that explore the Experiences of clinic teachers' expanded roles and responsibilities, as well as their experiences with Managing Complex Health Conditions, Teachers'

Experiences with the Lack of Formal Medical Training, Coping Strategies for Managing Student Health Needs, and Insights on School Health Services among Teachers and Students.

Clinic Teachers. Clinic teachers handle the students' health needs while staying in the school environment. The role of a clinic teacher is indeed complex, as it brings the twin demands of requiring individuals to juggle commitments to clinical practice with educational obligations and hence engenders high value but low or no recognition, and even alienation among CTs, especially those isolated by geography. No elaboration on the need for institutional support will suffice, as the meagreness of mentorship and feedback continues to constrain advancement-based factors for CTs. Further studies need to explore broader perspectives on the impact of the expanded role on clinicians' growth (Alexandraki, 2024).

Moreover, Clinic teachers go beyond their self-assigned roles in a learning context and engage themselves in collaborative learning. They will likely organize the prejudices that govern their understandings and philosophies during postgraduate education. On the other hand, institutional barriers can hinder the enactment of these roles and reinforce the need for continuous support and structural changes to fully realize and further develop clinical education through dialogue and reflection (Aitken et al., 2022).

This type of clinical teaching has much to offer regarding undergraduate outcomes and advancing shared patient outcomes through a collaborative learning environment with residents, peers, and nursing staff. It is hoped that all students will have the same experience in the learning environment afforded to all; however, there will be differences when students are engaged by their teachers' prior knowledge and learning environment; hence, there will be a need for further refinements to deal with variations in the delivery of clinical education (Delibalta et al., 2024).

Such contexts have a mark between CT roles when these are endorsed by suitable awareness in engagement with concerned stakeholders. A lack of recognition and sociocultural divide may also hinder productivity, while creating an atmosphere among participants that is conducive to the optimal contribution CTs can make to education and clinical practice (Brouwer et al., 2024).

Moreover, the modern medical education program provides clinical teachers with a distinctive rapport and a maximum case-based learning environment. However, under the pressure of prioritizing student learning over the welfare of individual patients, and yet unable to adjust to working with a limited number of cases, teachers face numerous challenges. Therefore, this variability creates an extra demand for continued development, but the system creating havoc must also address these challenges and enhance its teaching (Magnier et al., 2014).

In addition, Leslie and McConville (2024) attended to students in a patient-centered clinic, focusing on their extended role in ensuring an appropriate learning experience, with the development of students' empowerment as a contributing factor. The challenges of scheduling clinics introduced complexity due to patient allocation, necessitating the implementation of time management issues to balance students' learning and patient care objectives.

Potentially, the most prominent emotion causing stress among Family Medicine Educators is exhaustion. Their work involves managing patient care, teaching, and personal life. Attempts to help either one another or themselves with whatever tiny accommodations they can manage are often thwarted by unrelenting system challenges and negligible institutional support, further underscoring the need to acknowledge and assist their well-being in the face of subsequent life-altering crises (Nyhof-Young et al., 2023).

Furthermore, Wijnen-Meijer (2022) suggests that teaching clinical educators about patient care has become almost a burden, creating critical gaps in students' learning. While faculty development programs are supposed to be gap trainers, most faculty do not engage in active pedagogical methods. So, any further

capacity development needs to be coupled with an environment that genuinely respects teaching and patient care.

Similarly, clinical educators in the United Kingdom are interested in teaching and believe they can do so. They display a confident yet ambivalent attitude toward it primarily because of what they perceive as inadequate time allocated for preparation and teaching in paid hours. Medical schools value educators, but at the same time, this is not true for most hospital trusts, which do not value teaching at all; very often, none of them have formal training in teaching methodology. Improving these institutions' support for teaching services and current training would lead to higher teaching effectiveness and satisfaction (Norman & Dogra, 2014).

In addition, Suwito et al. (2022) discuss three functions that probably represent the minimum essential functions a clinical lecturer performs in significantly developing the students' clinical and specialized health capacities. Little research is available on how clinical teachers in training perceive the balance between these roles, indicating a need for organized structures to support them in managing the multiplicity of roles they now carry out.

However, Naidu and Helbling (2024) highlight that the role of clinical teachers, from initial lukewarm interest from office-based consultants to taking on the roles, is likely one of the stumbling blocks to widespread implementation, possibly requiring promotional strategies to encourage greater clinician participation.

Clinical instructors have evolved into the most complex educators, where their roles now encompass those of content and competency experts, role models, and lifelong learners. Evidence is emerging that this role is not in a vacuum, as the educators have, by and large, accepted the reality. However, much still needs to be done regarding their preparation, especially in critical thinking and patient education, as these areas are not infrequently addressed in faculty development programs. The accessibility of institutional incentives has not kept pace with such increasing demands. Therefore, more training and support for clinic teachers will further optimize their expanded roles (Schindler, 2020).

Experiences with Managing Complex Health Conditions. A survey of teachers in the southeastern U.S. revealed significant gaps in their preparedness to manage students with complex health conditions, especially chronic illnesses like asthma. Results showed that educators were largely unaware of available resources and felt inadequately trained, with 20% lacking basic knowledge of medical emergencies. The study highlights the pressing need for enhanced professional development and in-service training to equip teachers and provide better support and learning experiences for students with chronic conditions (Neuharth-Pritchett et al., 2022).

Indeed, teachers with chronic fatigue syndrome/ Myalgic encephalomyelitis (CFS/ME) afflicted children attending primary schools have a deep understanding, as they share the burden of an age-old problem with social and emotional ramifications. They bond together effortlessly to provide personalized support, but instead rely almost entirely on gut instinct rather than formal training. This has left many teachers somewhat insecure about the outcome of their actions. Hence, it underlined the importance of evidence-informed interventions and at least resource materials that could be easily accessed to implement such. Therefore, the teacher's contribution comes, which unfortunately does not extend to the health conditions they might find in their classroom (Brigden et al., 2021).

Moreover, Liang et al. (2024) mentioned that teachers in Hong Kong feel fear and anxiety when confronted with schoolchildren diagnosed with psychiatric disorders. They feel unsafe in such situations. These emotional issues are mentioned in the study, but also refer to differing cultural, social, and educational

aspects that contribute to a teacher's stress. There is a greater need for research on some of these systemic problems to develop a more holistic support system for caring for such complex health conditions among teachers.

In addition, about 60% of teachers in the Universidad de Santiago de Compostela, Spain, reported that their pupils have chronic illnesses. It is not easy and can have a significant impact on one's health. Let us take epilepsy as an illustration. Teachers will, presumably, know about medicines. However, they will have a shortfall in confidence terminating with additional emergency administration, for example, when treatment would otherwise be of no help to a student suffering a hypoglycemic crisis or anaphylactic shock. This reflects a serious gap in training and confidence, and a strong need arises for teachers to participate in further training and workshops related to medical emergencies to protect students (Gómez Silva et al., 2020).

Similarly, teachers from New Zealand secondary schools who suffer from disability and chronic illness face discrimination, prejudice, and isolation. While some may find support from their colleagues, others decline this possibility out of fear of being perceived as a burden, which suggests a lack of understanding and acceptance towards them. Diagnosis, teaching, and disabilities are significant themes that represent the complex intersections of health and work. Still, the views of disabled teachers remain primarily invisible, underscoring the need for more research and advocacy, which serves as an urgent impetus for inclusive innovations in education, and, therefore, a greater need for systemic shifts and changes (Sanderson, 2018).

On the other hand, positive attitudes alone are no substitute; teachers remain unprepared and inexperienced in handling specific conditions. There seems to be a reasonable burden for the teachers in accommodating HIV/AIDS and seizure-related conditions. These seem to be complex conditions that carry the worst burden. The gap in providing such educational opportunities is significantly more than 20% of the total student population, and although it exists in theory, it is a yawning gap in practice. The call for urgent change in professional development concerning this specific population is thus critical for providing better support to these students and enhancing their educational outcomes (West et al., 2013).

While some schools make sufficient provisions for adolescents suffering from ME/CFS, they are often found to be lacking resources and new forms of training for the teacher. Other teachers are seen as lending support to the students. However, they are sadly lacking in both understanding and necessary adaptations. The families themselves may have shown very little support at times. At the same time, they need to increase pressure on schools, healthcare providers, and parents to communicate more effectively and provide a more comprehensive vision. The needs will uncover teacher training targets and avenues to create an inclusive educational setting for students living with Myalgic Encephalomyelitis and Chronic Fatigue Syndrome (Clery et al., 2022).

Teaching children with complicated health states challenges special education teachers in the Philippines. These challenges may arise from inadequate training and equipment, leading to teachers feeling embittered and experiencing excessive stress and burnout. They create their adaptive methods, which work moderately but find no support from the system. Part of the joy of working with new teachers is witnessing students with special needs grow, mainly when this growth is facilitated by improved teacher well-being and better student outcomes (Damalerio et al., 2024).

The sentiment of inadequacy and the tendency to give oneself up are prevalent in the profession, while support and training are often inconsistent. Overcoming stress and work overload reveals another deep

fissure in a somewhat hollow system, affirming the urgent need for resources and training for teachers to perform their dual roles in improving health outcomes (Estacio, 2024).

Teachers' Experiences with the Lack of Formal Medical Training. The importance of health issues concerning students triggers much anxiety for teacher education graduates in the Philippines since they have not had the benefit of any medical training. In that respect, if medical training had introduced them to student health issues, teachers would have developed confidence, interpersonal, and teaching skills. Similarly, students who may have gone through health issues tend to stay away from the program, conceiving of it as very physically demanding and stressful, especially considering their limited opportunity to gain health training. This presents yet another gap in teacher education curricula and highlights the need for formal medical training to instill confidence in teachers (Abulon & Rungduin, 2014).

Clinical educators usually adopt their profession almost by accident than choice, even at the very onset of their careers. So, professional identity clings to or adopts that role remains very much unstated. Certainly, excluding postgraduate qualifications, scant education pays much less and far fewer hours from the classroom to which educators can afford from vexation and dwindling productivity in education. Some of the major issues include inadequate career guidance, limited recognition of teaching, and inefficient time allocation. Therefore, it should provide career counseling and establish a clear advancement pathway that attracts and retains talented educators for the future benefits of medical care (Azhar et al., 2024).

Almost all medical school faculty members do not receive proper formal training in teaching methodology; consequently, students often benefit from personal role models alone. This is, therefore, reflected in their complaints about inadequate and differing teaching competencies. Thus, there is an internal lack of confidence, namely within the self-capability aspect (Moré & Gordan, 2021).

Teachers in medical education often find it almost impossible to impart any knowledge at all to students because of a lack of formal training in teaching pedagogy. Most physicians who are expected to teach are devoid both requisite knowledge as well as opportunities to practice the skill within medical education courses; they are usually not being trained to teach. In such cases, the absence of training can translate into an ineffective teaching style, compromising the quality of the education given to trainees. This research shows that near-peer teaching (NPT) might provide a viable remedy for this between learners and their supervising physicians. The study substantiates that NPT should be embraced as part and parcel of teaching in medical education rather than as an add-on, thus making chiaroscuro into possibly the most neglected of skill instruction in the curriculum itself. It attempts to bridge the gap between the current systems of education and the teaching competencies required from future physicians (Taylor & Border, 2022).

Moreover, Kotsur and Tovkun (2024) highlight glaring gaps in formal medical education, particularly among educators, about pre-hospital medical treatment concerning children. It indicates that most of such instructors have an internalized feeling of unpreparedness towards the provision of medical assistance, especially in high-stakes environments like war conflicts. Research shows a significant lack of international publications on teacher training in this vital discipline, underscoring the need to devise effective training programs. A review of scientific literature and empirical data of Hryhorii Skovoroda University in Pereiaslav shows that students in pedagogy often lack vital theoretical knowledge and necessary practical skills for providing pre-medical care. This is alarming, given that educators would always be responsible for the safety of their students, even in the case of accidents, such as the ongoing Russian Ukrainian conflict. The research findings indicate that a curriculum on "Pre-hospital medical

training with basic tactical medicine" would highly improve the competency of teachers and subsequently contribute to better preparedness for performing successful emergency intervention.

Cohen and et al (2022) announce some very high deficiencies around formal pedagogical training for medical student teachers. Even though students are recognized as teachers, the review reflected a shortage of formal training because most current curriculum contents are electives and left exclusively for the senior students. This paves the way for students to teach without any prior preparation, possibly, the feelings of confusion and inadequacy surrounding their teaching capabilities. Findings indicate that students find interactive and experiential learning valuable but may become ineffective as educators due to a lack of structured training. Finally, the study underscores the placement of teaching skill training in the medical education curriculum as an obligatory aspect so that all students would receive the necessary training through their education. This process would offer students the needed confidence while improving the overall quality of the instruction given to them.

In addition to this, in medical education, one of the critical areas in which preparation of residents is found to be glaringly deficient in India. Worldwide, there is a trend to include residents in teaching responsibilities, but in India, residents mainly focus on patient care, with only a minimal amount of attention given to their development as educators. The lack of formal preparation and orientation hampers their ability to fulfill teaching obligations, as the expectations for residents are very different from those of experienced medical professors. It is found that the current faculty development programs do not cater to the peculiar needs of the residents. Hence, a great opportunity to maximize the potential of residents as educators is being wasted. The authors propose a training module that will address this deficit by customizing educational training strategies to fit teaching-role requirements on an individual basis to bolster teaching capacity and educational effectiveness (Mahajan et al., 2020).

Coping Strategies for Managing Student Health Needs. Addressing the mental health needs of students, teachers are key in recognizing and working with children developing mental disorders. It includes relationship bonds between early-career teachers and the students, whereby they become among the first to identify possible mental health problems that can inhibit otherwise widely accepted practice and social qualities. This study would also become important because it would make teachers aware of the mental health issues regarding the recognition of behavior and the evidence-supported methodologies for helping their students. It is, however, noted that a significant gap exists in this study- there is no training and support for the teachers, especially the newcomers to the profession. It would stall any effective strategy and interventions on student health needs. While the conclusions that teachers will place the pupils in classrooms can make meaningful changes in the school reform, more training and support are needed for these professionals to face the challenges of their students' mental health (Rodriguez, 2021).

Furthermore, providing mental health support and psycho-social support (MHPSS) to students emphasizes the adversities affecting them through rapidly diversifying behavioral patterns, undue influence from social media, or, worst of all, through a lack of school support. Teachers will practice positive reinforcement whenever possible, remain positive, and be more aware of the plight of their students. In all this, while we agree that teachers have tons of work that limits their awareness of influence, they still talk about gaps in support systems since teachers are given relatively few resources and training, notwithstanding the rare help that comes from counselors or nurses. Where more needs were highlighted, the study therefore proposes further studies to investigate teacher experiences in schools without mental health professionals for more issues and coping mechanisms to be brought to light (Tual & Omandam, 2023).

In addition, the study conducted by Aftab et al. (2022) in the Punjab area shows that the most significant source of stress, anxiety, and depression among primary school teachers comes from the administration of the school, which makes it crucial to develop a suitable coping strategy. It is also notable that both emotional and problem-oriented coping strategies seem to be of great importance for the teachers in their socio-academic functioning. But there are a few gaps in this study, such as the procedures lacking specificity, so these strategies cannot be applied in job environments as well, and not enough space for discussion related to barriers to implementing those strategies in their daily life at work. The future study should lay more emphasis on the development of a dependable support structure while writing the constraints as the same could enhance mental well-being and total job satisfaction among teachers.

Moreover, compassion fatigue takes its toll on teachers owing to a world full of trauma and systemic challenges in education. Possibly more stressful during the pandemic, teachers believe emotional resilience is important, yet very little time is set aside for self-care, and institutions seldom even recommend it. Meanwhile, research has pointed out an even bigger gap in the pre-existing support systems concerning the much more encompassing paradigm shift toward socioemotional support for educators. Otherwise, teachers are on the edge of burnout and incapable of supporting their students, which makes a case for reforming education to include mental health interventions for students and teachers alike (Cordova et al., 2023).

An inquiry at San Pablo City discovered that the private school teachers in the area had been under different kinds of stress levels, most especially as they were faced with concerns regarding the materials equipped for their classes, internet access, less time devoted to students, and poor technical skills during the entire pandemic. Preferred were wellness-effective means of coping or avoidance of distress, but less was said about their effectiveness or the possibility of having them supported systematically from the side of schools and policymakers. Future research must aim at identifying long-term implications concerning integrated support intervention between technical training and a conducive working environment for teachers adopting effective remote learning (Doria & Ortega-Dela Cruz, 2024).

Furthermore, teachers face contextual adversities while handling the health needs of students. In addition to this, teacher administration, parent-school interactions, and more require action. In most cases, social support and problem-solving were used by teachers to adapt. Nonetheless, the research has certain limitations: first, it did not examine the status and effectiveness of the coping mechanisms over time, nor did it consider the differential application of the coping mechanisms in various educational contexts. By restricting the scope only to Swiss teachers, the study has thus become less generalizable. Further research is thus a treasure to investigate alternative coping strategies in various settings that enhance teacher resilience better (Krummenacher et al., 2024).

A study showed that the workshops for language and translation teachers on self-care were found to have been inordinately helpful to teachers in stress management and giving support to students during the pandemic, as evidenced in classroom communication and engagement levels. The flip side of this is that gaps were found in the research because there was no follow-up training for providing the application of these strategies, nor was there any systematic integration of mental health support within the educational context. Hence, there is also the urgent need for psychosocial follow-up support for teachers and students alike especially in the time of an emergency (Kitanovska-Kimovska et al., 2023).

Furthermore, educators could have become the proactive communicators who coordinate well with health professionals and manage even better the personalized support plans for health conditions. This also indicates that their training has been inadequate, which is unfortunate since they are in a very complex

situation, dealing with health cases, anxiety, and uncertainty. Therefore, applying effective strategies in this regard is further curtailed by the inconsistency of institutional support; hence, there is a need to advance professional training, yet institutional support for the empowerment of teachers in this regard (Macías, 2011).

Moreover, in a large measure, student-teacher relationships constitute the welfare of the classroom. There is a gap in the curriculum of teacher education relative to the relationship aspect of teaching. The study thus does the needful at what must certainly be aspects of health and wellness education within teacher training while accentuating that institutions of education will need to change curricular programs for future teachers, towards better preparations for diverse student health needs (Campbell et al., 2024).

Furthermore, teachers do seem to consider a variety of options when it comes to coping strategies-from support systems to professional development cater to some health needs of students to establish an optimal learning environment. Yet this is where the gap yawns wide, for the training and resources provided for self-care are grossly insufficient, and mental health is far too lightly threaded through teacher training programs. The need that this study seeks to address is the need for more structured training in the areas of student health and teachers' well-being and effectiveness (Isidori et al., 2023).

This research idea indicates the tendency of teachers to acquire different ways to get help in coping with the health needs of students, such as asking for help or participating in professional development programs. In addition, the present study indicates the real gaps in that not enough research has been conducted to understand the impact of health needs on the actions of teachers, as there is no appropriate policy framework designed to guide the realization of the implementation of student health and well-being intended for teachers. Teacher well-being is most times said to be the key factor in learning, too, but the general research shows that the very profitable subject, which could ascertain positive conduct that would be strengthened by dealing with the evolving student health needs along with teacher welfare, is large (McCallum, 2023).

Insights on School Health Services among Teachers and Students. School-based health centers promote health among student populations, but for these centers to survive, there needs to be access for these populations. Factors deemed primary determinants of access, constituting barriers, would involve students' knowledge, teachers' perception, the actual act of utilizing the service, and the interaction between schools and SBHCs. Services may not be utilized by staff or students due to either a misunderstanding or a lack of knowledge about the access points. Poorly functioning systems, in turn, break down communication with the staff, students, and teachers. Increased outreach training, communications, and a friendly atmosphere appear to be recommended in a study. The study probably recommends improving health center operation and communication so that service use and health outcomes of students will improve (Gruber et al., 2021).

Furthermore, teachers argue that healthy students should be properly advocated for, for they are the advocates in this area, rather than being fully trained, however, as health educators. There has been a great spatial gap in terms of mental health resources available to promote wellness among students and alleviate stress among teachers. Teachers acknowledged a need for their students and themselves to eat what would be called "healthy food," given that what is being served forms unhealthy eating habits. Thus, the argument in this paper is for further training, better resources, and policy changes that account for these findings and student health (Long & Hung, 2024).

In addition, a handful of teachers from Myanmar surveyed participated in Health Promoting Schools. Age, experience, and type of training accounted for most teachers. Mostly benefits reported by the teachers

were in health knowledge and learning environment, while disadvantages included poor resources, no time, and very limited community support because teachers did not have time to participate in this holistic approach to health. More is the implication of the study in terms of directed intervention for more resources, training, and collaboration with the community in support of school health services and their uptake by teachers in terms of the need voiced through the studied teacher involvement (Naing et al., 2022).

Similarly, health services, according to secondary school instructors, are necessary for the promotion of student wellness, thereby enabling the effective functioning of the student inside the school. However, the actualization of those services in a standardized way will rarely be done. The teachers claim they have been inadequately trained and hardly supported in teaching health effectively. They are interested and aware of health issues in education, but are not able to apply that knowledge in practice. Hence, this shows that there is an immediate need for professional development and support systems to further develop the teachers into health champions and to put a stop to the knowledge-practice gap (Chavan & Chavan, 2018). Furthermore, School-Based Health Services (SBHS) is the school-based integrated youth-focused healthcare delivery system offering services of mental health, sexual health counseling, and substance use counseling to youth and students. In any given service, the two general types of services are acute and primary; however, the availability and quality can vary widely across socioeconomic strata within communities. In all schools, it looks like health teams are a determining factor for helping all schools. A team-based SBHS produces better health outcomes, with stronger evidence of effectiveness for substance use and sexual health. Selection bias poses a key limitation for measuring impacts; thus, randomized controlled trials should be adopted for future studies (Denny et al., 2019).

Moreover, the educational sector recognizes the vast opportunity that the Integrated School Health Programme (ISHP) offers in positively impacting educational processes. However, major barriers have been raised against its successful implementation. Barriers to the use of services have reportedly been financial; distance to treatment and lack of communication were other barriers mentioned. Teachers said low caregiver literacy, combined with negative attitudes of health personnel, hinders accessibility. Teachers suggested increasing communication, providing transportation, and changing the clinical staff's attitude. Targeted strategies, therefore, are set apart in a new sense in the interest of bringing the ISHP into effectiveness, while barriers of its implementation revolve around financial, logistical considerations, communication failures, and negative attitude (Babatunde & Akintola, 2023).

In addition, applied and experiential methods of transference towards health education are the domain of teachers. Awareness and understanding of health issues and skills are developed among students; however, the impediments teachers face in terms of behavior change over time come to the fore. A clear gap in the transfer of knowledge and practical application appears. Examples of some restraining factors are those psychological barriers that could be faced by students, like anxiety or lack of discipline, while other external factors may include interference from peers or family habits. Teachers tend quite often to skip fundamental aspects of goal setting and action planning in teaching health programs, showing a mismatch between their chosen teaching styles and students' needs. In contrast, teachers seem very aware of what behaviors promote health but fail to implement them, reverting to ineffective old-style methods. This study calls for greater emphasis on various real-life and behavior change strategies in closing some of the gaps towards enhancing the effectiveness of health education (Laschke et al., 2023).

Furthermore, focus is on the health and wellness services offered to students during contemplated health-related crises, wherein teachers voiced concern over accessibility to mental health professionals and

undesirable service quality, exposing a critical supporting gap. Further professional development enhancements were recommended to prepare teachers for the wellness needs of students. Individual evaluations differed according to grade level and the different mix of immigrant students. This calls for greater urgency in which school leaders must put in more resources to build the quality of any such services, nearly supporting teachers and students (Childs et al., 2022).

Furthermore, while teachers and counselors recognize their role in the mental health of students, they, however, feel unprepared and unsupported as regards training and resources for this. Most often, informal support networks tend to overshadow more formal intervention programs. Awareness of mental health may be rising, but awareness and good programs are far apart from each other. Teachers desire a collaborative atmosphere among mental health professionals, administration, and themselves. The study's findings indicate the need for better training and resources to close this gap and positively impact students' mental health (Beames et al., 2020).

In addition, the research, which takes place in Ado-Ekiti, Nigeria, proves that public school teachers know health programs but are very ill-informed about the services. Health services are observed in private schools than in public ones: Among the 57.5% of the private schools with good practices, only 10% tend to do the same in public schools. All the basic health resources, such as trained and untrained first aiders and sick bays, are almost unavailable for public schools: 92.5% do not have any health personnel. This signifies the huge infrastructure and training gap that needs urgent intervention to improve health service delivery for public schools (Solomon et al., 2024).

Moreover, a study conducted by Abed et al. (2022) on therapeutic and Preventive in School Health Services shows that almost 89.46 percent of primary schools in the Iraqi, Wassit, and Thi-Qar governorates conduct no such implementation. The situation is worse, however, in Wassit, where the affected teachers number 71.62 percent, with Thi-Qar following them closely at 59 percent. This then points towards discontent by students who are not receiving these services in their schools. Preventively, again, 66.2 percent of the Wassit teachers and 59 percent of the Thi-Qar teachers do not have a good view of the practices, highlighting that health threats have remained unabated. Thi-Qar practices in therapeutic services are a different story, and to put it mildly, they are somewhat better than average in this region but are still very far from the accepted standards. It emphasizes the need for training of both teachers and health workers, in addition to fostering collaboration and communication among health personnel and schools. From the findings, it would be possible for the policymakers to suggest improvements to the school health services plans and thus consequently, to the health and academic performance of the students.

Teachers are indeed the most significant health care people with children in schools. About 60 percent of schoolteachers have scant knowledge regarding school health services, while only 22 percent received training on some aspects or the other. The knowledge gap impedes the promotion of health and hygiene to the students. More specifically, the dimensions of their disease concern the students' latrine ratio and classroom safety criteria. Government schoolteachers had a larger proportion of them having moderately adequate knowledge concerning health and hygiene than private school teachers, indicating differences in training availability and resources. Therefore, immediate intervention is needed for improving teacher training and resource availability toward a better school health service and a health-promoting learning environment (Ranga & Majra, 2020).

Thus, the teacher prides himself on being the catalyst for forming habits of health and a healthy community. However, the study identifies everything that has shortfalls concerning the resources

available, including teacher training, and this affects the effective delivery of health education. Such shortcomings call for systemic changes in this respect and in terms of further professional development. This would enhance, however, the positive effect of school health services on students and the community at large (Cardoso, 2023).

Theoretical Lens

This study is anchored to the Theory of Role Strain by Goode (1960) and is being discussed within a framework of how to deal with the competing demands of roles acquired by individuals. This theory refers to external strains exerted upon the agent to her other obligations and which contribute to tension, stress, and sometimes even inability to internalize that competence. Besides, there is also a need to remember the structures and norms of society against which the individual is operating in carrying out cross-cutting roles when all this happens outside the confines prescribed by the individual's professed normal occupation.

Moreover, it gives a view of the clinic-in-charge life of teachers who are caught in role conflict and overload, as none of the teachers trained for the teaching field receive any medical training. Indicates the myriad problems that students encounter while balancing very complex health demands against teaching roles, further compounded by the lack of an ascribed medical professional status and, therefore, societal expectation of teachers providing health care.

According to Role Strain Theory, teachers would rather have coping strategies by searching for either open channels of help-seeking or prioritizing tasks as an active approach to coping with stress. This theory would also have great relevance in explaining the main ways teachers come to understand the limits of and the need for institutional support. It may include demands to have more resources or further facilitation by other professionals to lessen the load on teachers.

Thus, explaining a wide variety of experiences of teachers as the clinic-in-charge and the dilemma of such experiences, Role Strain Theory becomes relevant. The theory also aptly depicts how their dualistic roles contrast with torturous strains imposed upon them by/the society on-the-whole, thereby providing a theoretical framework to argue their case in favor of structural changes in the environment.

Research Questions

This phenomenological study explored the teachers' experiences, challenges, coping mechanisms, and realizations in addressing students' health needs when the school nurse was absent. Thus, this study sought to answer the following questions:

1. What are the experiences of clinic teachers handling students' health needs in the absence of a school nurse?
2. What challenges do clinic teachers face when handling students' health needs in the absence of a school nurse?
3. How do the clinic teachers cope with the challenges they encounter as they function as school nurses in the absence of a school nurse?
4. What are the realizations of clinic teachers as they assume the role of school nurses in the absence of a school nurse?

Scope and Delimitation of the Study

This qualitative phenomenological study explored the experiences, challenges, coping mechanisms, and suggestions of six clinic teachers who were handling students' health needs in Monkayo District, Davao de Oro, Philippines, for the school year 2024-2025. The study was limited to the teachers who were handling the students' health needs in the absence of a school nurse. To collect the data, the researcher used the interview guide questions, and to facilitate the gathering of data from the participants, an in-depth

interview (IDI) was utilized. The researcher had no control over the responses of the participants. The veracity of their responses would rely so much on the participants, but cannot be manipulated by the researcher.

Significance of Study

This study explored the experiences of clinic teachers in Monkayo District, who handled the laborious task of attending to the health needs of students without any formal medical training. Thus, the following were the beneficiaries of the study.

Learners. The findings of the study would directly benefit the students, as they are the direct beneficiaries of the study. The students will see the importance of a healthcare officer like a full-fledged nurse, as they are very important to keep the students safe, especially on campus.

Clinic Teachers. The findings of the study would help the teachers develop their perseverance and commitment in carrying out their duties and responsibilities in the positions they are handling.

School Heads. The findings of the study would motivate the school heads to plan a solution to the problem of no available registered nurses in the schools where they serve. Findings will provide insight into how to allocate school resources, hire new staff, and build policies regarding school health programs to ensure efficiency and safety of their institutions.

Department of Education. The findings of the study would provide evidence for policy making or guidelines for the development of policy and national guidelines for the school health services, teacher training, and resource allocation towards educational outcomes and healthier schools.

Future Researchers. The findings of the study could be a basis for any future study. This will be the basis for any future study undertaking on role strain, teacher well-being, and school health services.

METHODS

Research Design

This phenomenological study employed a qualitative-phenomenological research design, a method essential in qualitative studies for understanding and appreciating the lived experiences of individuals. This vividly revealed how phenomenological researchers enter the world of lived experiences to explore the subjective perceptions and meanings that individuals confer to their experiences, which is critical for generating rich and nuanced data. It also highlights phenomenological design challenges, such as subjectivity, limited generalizability, and the most extended research process (Taylor et al., 2024).

Thus, qualitative research accrues metrics that cannot be expressed numerically. The phenomenological inquiry would honor the life experiences defined by the study participants (Creswell, 2014). The researcher believes it would be important for situational teachers to reflect on their experiences impacted by the phenomenon studied through in-depth interviewing. This piece of research used a descriptive approach to explore the experiences of clinic teachers while attending to students' health needs.

Moreover, Creswell (2014) highlights that researchers can gather qualitative data through methods like in-depth interviews, personal observations, and detailed discussions recorded with audio devices, documented in thorough notes, and analyzed in group settings. These methods allow for a deep dive into the participants' emotions, resulting in a rich and insightful outcome that truly emphasizes the importance of the research.

Research Locale

This study was conducted in the Municipality of Monkayo, a first-class municipality in the province of Davao de Oro, formerly part of Davao del Norte. Officially established as a municipality by Executive

Order No. 65 on September 4, 1954, Monkayo comprises 21 barangays, with 15 public and private secondary schools and one local government-run college. In the school year 2024–2025, Monkayo District was divided into Monkayo East and Monkayo West, and participating teachers came from six secondary schools: Babag NHS, Ulip NHS, Monkayo NHS, Tubo-Tubo NHS, Union NHS, and Union NHS–Mt. Diwata Annex. These schools offer various Senior High School tracks such as GAS, HUMSS, ABM, STEM, TVL, and specialized programs like EIM, BPP, BC, CSS, FBS, and Organic Agriculture. Notably, these schools operate with limited medical staff—most have only one designated "clinic teacher" serving hundreds of students. Monkayo National High School, the mother school, has 3,987 students and only one nurse who serves the district clinic part-time. The data gathered highlights the gap in healthcare support for students and the experiences of teachers who take on dual roles as both educators and health service providers.

Role of the Researcher

In this phenomenological qualitative study, the researcher was an active participant throughout the phases of research while cognizant and aware of ethical issues and authentic representation of participants in justice to their lived experience, those of the participants, and by following Fink (2000) on the following steps:

Designing. The researcher prepared a detailed research design, including purposive sampling, where participants must have rich, highly relevant experiences. At the same time, this was the stage where a semi-structured interview guide was developed, allowing for enough probing while keeping a focused study. This was followed by creating the research procedure, managing data, and considering ethical factors such as informed consent and confidentiality.

Interviewing. The researcher went through semi-structured in-depth interviews with all the selected participants. The researcher would not be busy recording responses but creating a safe, empathetic, and non-judgmental atmosphere to allow open and honest discussion. Listening carefully, probing, and reflective inquiry techniques were also applied, creating the conditions to recall detailed accounts around experiences, challenges, and coping strategies.

Transcribing. The researcher would meticulously transcribe the taped interviews. This means reproducing the spoken words verbatim, including their fine nuances about language, tone, and intended pauses, to encompass the richness and deeper insight of the data.

Thematizing. The researcher commenced by stating a very well-framed and focused research question: to bring out the lived experience of the clinic teachers attempting to realize the health needs of students within a resource-poor setting, further complicated by their role strain. Hence, the aim and scope of the study was delineated and I would also take Goode's Role Strain Theory as the theoretical framework for interpreting the data.

Analyzing. The researcher thematically analyzed the meaning patterns in the transcription data: identification, analysis, interpretation, and reporting within a relevant methodological framework. This involved coding the data, clustering the codes into categories, and generating key themes, reflecting participants' everyday experiences, drawn from phenomenology and Role Strain Theory.

Verifying. The researcher intended to subject the data to rigorous verification strategies, including member checks to ensure trustworthiness and credibility. Immediately after analysis, preliminary findings were shared with participants for accuracy and resonance checks; peer debriefing sessions were also planned with experienced researchers and outside practitioners to enhance the rigor and reduce the biases in my analysis.

Reporting. Respect for ethics in reporting will guide the presentation, transparently and engagingly. The report vividly depicted the experiences of the study participants, provided illustrative quotes that reinforced theme derivation, and discussed the implications for practice, policy, and future research.

Research Participants

This qualitative phenomenological study focused on six clinic teachers who had experienced dealing with students' health needs without the benefit of a school nurse present. The participants were selected from public secondary schools within Monkayo District and must have at least two years of teaching experience for the school year 2024-2025. Participants will be selected to ensure that they develop a rich understanding of the phenomenon based on their years of service and varied school environments.

Furthermore, the participants have dealt directly with students' health needs beyond basic first aid, such as administering medications or managing chronic conditions, and were willing to express their lived experiences in in-depth interviews. The sample would be purposively selected, ensuring data saturation and adherence to ethical principles of informed consent and confidentiality.

Data Collection Procedure

The researcher ensures that before conducting data collection, the study underwent an ethics review procedure, ensuring that all procedures adhere to established ethical guidelines. Following the ethical approval process, the research proceeded with the validation of survey instruments and secured endorsement of the study from the graduate school office.

To commence data collection, the researcher asked permission to conduct the study from Refamonte, CESO IV, OIC-Schools Division Superintendent of Davao de Oro, to write about the purpose of the research, how it was conducted to accomplish it, and the ethical considerations involved. When granted such permission, letters of request were sent to the heads of other selected public secondary schools in Monkayo District, tendering their approval for the study in their school.

Moreover, purposive sampling of the subjects followed institutional approval with careful consideration so that all would have at one time or another appropriate experiences as clinic teachers regarding student health needs. If they choose to take part, they will be oriented beforehand to discuss the purposes and methods of the research and any potential disadvantages they may incur as a result; this allowed them to give informed consent. In-depth, semi-structured interviews will be conducted privately and comfortably, following an interview protocol while allowing for natural flow with emergent themes. Such richness in participant experience will be taped and field noted. Audio recordings will be transcribed verbatim; qualitative data thematically analyzed in search of meanings and interpretations given Goode's Role Strain Theory. The last measure for establishing the trustworthiness of the findings will be member checking, followed by peer debriefing and ethical dissemination of results.

Data Analysis

This phenomenological inquiry provided the framework for a comprehensive thematic analysis of the study data involving the lived experience of the clinic teachers in Monkayo District.

This first phase entails reading the transcripts of the interviews against the texts for identifying various phenomena narrated by the participants and other preliminary recognizable patterns and areas of interest. The second phase encompassed the initial coding of the data such that segments may be assigned to data that relate to either the research questions or the theoretical framework in a fashion that supports inductive or deductive reasoning. The segments were coded and further aggregated to broader codes, thus producing preliminary themes that revealed recognizable recurring patterns of meaning. Such themes were then

subjected to rigorous checking and refinement to ensure that they truly reflected the data and served the purpose of the study, having operational definitions and supporting quotes for each theme.

Further on, the practical and policy implications of the themes were discussed based on Goode's framework. A constant reminder of my position and potential biases was exercised and highlighted throughout the research process; member checking and peer debriefing further lend credibility and trustworthiness to the findings. The report gave an accurate and coherent accounting of the various stages of data analysis to convey the essence of the experience of the participants and the challenges that they envisioned.

Trustworthiness and Credibility

This qualitative-phenomenological study highlighted the credibility, transferability, dependability, and confirmability of the lived experiences of clinic teachers in Monkayo District, and thus a true basis for other understandings and applications. The experiences gave rise to this investigation in terms of credibility, transferability, dependability, and confirmability based on the subjects' perceptions and opinions of the study, thus making it true. Lincoln and Guba (1985), as cited by Kumar et al. (2025), had set the main criteria based on which these trustworthiness and credibility parameters were integrated and interrelated into a qualitative inquiry.

Credibility. It had been said by qualitative research that credibility existed in the mind as the belief that the result could truly be believable, and thus, it drew some specific sort of probabilities, such that there was a truthful existence of such findings. It must create an authentic representation of lived experiences that enabled the participants to revisit and reflect upon this interpretation. To facilitate member-checking, triangulation, and trust-building with the participants. It created trust in the data collection environment. As such, the researcher employed various strategies to help ensure credibility. This would require full participation by a researcher in all stages and events of the data collection in a bid to ensure the authentic representation of experiences and perspectives, for which findings became all-powerful.

Transferability. Transferability was viewed as the extent to which the findings may be of use in other settings, populations, or groups. Since the setting in which qualitative research was done was always made as explicit as possible, the burden of articulating the transferability of what was uncovered to fit with his/her settings remains with the reader and the fuller descriptions that were provided by the researcher. The better the researcher relates the research contexts in terms of demographic and situational factors, the better the chance a reader could relate the findings to his/her circumstances by observing either the same or varied determinants.

Dependability. Dependability in qualitative research refers to the stability of results and, to a lesser extent, reliability over time to ensure that, with repetition of research in similar circumstances, the results remain the same. With consistent methods in the research process as well as consistent findings and consistent even reasoning, this was likely ensured in this context. This was sometimes ensured by the researcher via audit trails that provided evidence of their research activities, decision-making processes, and methodology processes made clear and coherent to ease understanding by the reading audience; thus, the likelihood that results can be obtained from different inquiries increases.

Confirmability. The fourth goal of confirmability touches the level to which results emanate from the investigator's biases or pre-conceived concepts of the investigator from the standpoint of qualitative research. This was extremely crucial to assuring the authenticity of the data critical idea supporting qualitative research. The upholding of the neutrality of the information was almost entirely of those collected from the participants, and reflective practices, triangulation, and keeping an open book are

among the techniques that can then remedy that. It ensured that findings would create more potential for reflecting experiences and perspectives from participants towards a strong base for establishing recommendations.

Ethical Consideration

This study highlighted moral aspects of research, particularly in the development context, where ethical concerns became good contemporary practice. Bhashin (2020) highlighted the fact that ethical considerations revolve around the values and principles that must be upheld throughout the entire research process. To guarantee this, the researcher ensured that ethical standards were rigorously adhered to during the study, with particular attention given to the following areas:

Social Value. This study aimed to address a pressing issue: the potential disappearance of local literature in certain areas of Monkayo. It sought to preserve these valuable stories of clinic teachers in Monkayo District, in part because they can be useful in educational settings. The findings were shared with the community via the local government and were also published in an online journal, making them available as a resource for future research on related subjects.

Informed Consent. Participants for the study were given the consent forms from the researcher, which clearly explained all the important details, like who the researcher was and who they were connected to. It was made clear to everyone taking part that joining in was completely up to them. They can withdraw their participation if they were no longer comfortable with the process of data collection.

Vulnerability of the Research Participants. The researcher guided everyone through the upcoming in-depth interview process, explaining each step along the way. The participants were completely free to leave the interview at any time if they feel uncomfortable, and there were no negative consequences for doing so.

Risks, Benefits, and Safety. The researcher discussed the potential benefits for individuals who participate in the study. The researcher arranged the in-depth interview at a time and location that suited them best. Additionally, the researcher reimbursed any expenses participants might incur due to their involvement in the study.

Privacy and Confidentiality of Information. The researcher promised to keep everything private and safe when it came to the personal details, identities, and data gathered from everyone taking part. They followed the rules set out in the Data Privacy Act of 2012. All this information was kept on a phone and then sent to a special Google Drive account that only the researcher can access. Once the research was all wrapped up, all the collected data were gone for good.

Justice. The participants who joined this research study were chosen and some criteria to ensure we found the right fit. Ideally, the researcher was seeking participants who have called a particular barangay home for a minimum of 40 years and who were either personally familiar with the local tales or have heard them passed down. The researcher values diversity, so everyone was welcome regardless of gender or financial background. If the participants ended up spending any of their cash during the interviews. As a token of our appreciation for their time and assistance, they were provided with a modest gift.

Transparency. To address this, the researcher transparently declared any affiliations and outlined the study's objectives. Furthermore, participants were provided with a copy of their interview transcript. These steps were taken to guarantee the reliability and integrity of the data gathered.

Chapter III

FINDINGS

This chapter presents the findings of the research questions that explored the perspectives and attitudes of clinic teachers regarding their role in managing student health. The primary focus of this investigation was on how teachers designated as clinic in-charge viewed their responsibilities, the challenges they encountered, and the strategies they employed in attending to the health and well-being of students within the school setting.

The research participants were preselected through an in-depth interview conducted in six schools in Monkayo District to identify teachers who were currently assigned as clinic in-charge or those regularly handling student health concerns. These individuals, who consistently managed health-related duties, were then shortlisted to six, the desired number of participants for the in-depth interviews.

What are the experiences of clinic teachers handling students' health needs?

This section presents the results of the 1st major question: What are the experiences of clinic teachers handling students' health needs? Three specific research questions were used to gather data and information for this major research question. The questions were meant to find out what the people in the study thought about the principal's job as a teacher and what they thought they should do to do that job well.

Specific Health-related Tasks and Responsibilities Undertaken Without a School Nurse

The topics in this part came from research question 1.1: "What specific health-related tasks and responsibilities do you do without a school nurse?" The answers fit into two themes: Provide first aid to students and monitoring infectious diseases.

Provide First Aid to Students. This theme shows that the first people to help students with health problems are the teachers at the clinic. Teachers always do the first health interventions, but how well they can do them and how comfortable they are doing them depend on how well they know medicine and how bad the student's condition is. Participant 1 expressed that;

Prioritize health concern of the students. Maghatag o tabang first aid sa mga sudyante tabangan ng mga bata kung may balatian sama sa labad sa ulo, kalintura, samad basta nagluya. Apil sa ang clinic para sa pagpahulay kung i-dysmenorrhea, sakit sa tiyan, at maka-offer sa CR labi na kung sila gikalibanga.

(Prioritize the health concerns of the students. Provide first aid help to the students, assisting the children if they have ailments like a headache, fever, wounds, or are generally weak. Advise them to go to the clinic for rest if they have dysmenorrhea, stomach ache, and offer access to the comfort room, especially if they have diarrhea.)

In the same manner, informant 2 also explained how she assisted the students that;

Ang mga estudyante makasinati og mga problema sa panglawas sama sa sakit sa tiyan, labad sa ulo, hilanat, ug usahay hyperventilation, nga makaapekto sa ilang pagkat-on ug pagtambong sa klase. Kining mga kabalaka usahay lisud atubangon kung walay presensya sa usa ka school nurse.

(Students often experience health-related issues like stomachaches, headaches, fevers, and occasional hyperventilation, which may affect their learning and attendance. These concerns are sometimes hard to deal with without the presence of a school nurse.)

This was supported by informant 3;

Isip usa ka teacher, kanunay kong maghatag og basic first aid alang sa labad sa ulo, sakit sa ngipon, ug hilanat, usahay magtambal sa gagmayng samad, ug mokontak sa mga ginikanan kung kinahanglanon.

(As a teacher, I often administer basic first aid for headaches, toothaches, and fever, sometimes treat minor cuts, and contact parents if necessary.)

Informant 4 also expressed her experiences as she managed to help the learners in need despite having little knowledge of first aid;

Kung wala'y prior knowlegde especially first aid gud, tung time na diri mga bata nag-collapse. Tapos kuan man, lisud kaayo siya, wala ka kabalo kung unsaon, wala ko naka kabalo ba sa story sa bata gud. Kung consecutive ng bata na magkuan [kuyapan], tapos na kuan na namo sa parent kung unsa history, kung sa history ba, naa bay ba siyay problem sa heart, kung sa kainit ba sa panahon. Lisud siya kung wala siya knowledge in terms sa first aid. So, mas prefer yun na nga naay school nurse. Pag ingon ana, wala naman mga teacher, kasabay nako na mo tabang, if ever, magkuyapan. Kaya wala naman mi clinic, didto mi sa office ni ma'am (school head). Tabangan ko sa mga kauban. Kung timingan, nga naa ko sa akong klase, may nalang kay si DRR Coordinator man siya, so mas makatabang siya sa kuan in terms sa kung anong unsay himuon sa bata. Naa naman dli dauyon magbalik iyang sense. Kaya totally natulog na. Makulbaan ko, mas prefer kung naay nurse ang school.

(If you do not have prior knowledge, especially about first aid, like that time when children here collapsed. Then, it was very difficult; I did not know what to do, and I did not know the child's history. If a child keeps on [fainting] consecutively, then we would inquire with the parent about their history, if they have a heart problem, or if it is due to the hot weather. It's difficult if you don't know the terms of first aid. So, it is much preferred to have a school nurse. When something like that happens, other teachers, my colleagues, would help if someone ever fainted. Because we do not have a clinic, we go to Ma'am (the school head) office. My colleagues help me. If it happens that I am in my class, it is good that Marnell is the DRR Coordinator, so she can help more in terms of what to do for the child. There are times when they don't immediately regain consciousness. They are asleep. I get nervous, I much prefer it if the school has a nurse.)

Informant 5 also explained that she refers students to the rural health center if students' concerns last for more than day;

Kanunay ko nga nagalihok isip usa ka health referrer. Kung ang usa ka estudyante adunay kanunay nga ubo, makabalaka nga rashes sa panit, o ingon og dili lang maayo sa pipila ka adlaw, akong tambagan ang ilang mga ginikanan nga dad-on sila sa barangay health center o sa doktor, tungod kay limitado ra kaayo ang akong mahimo.

(I often act as a health referrer. If a student has a persistent cough, a skin rash that looks concerning, or just does not seem well for a few days, I advise their parents to take them to the barangay health center or a doctor, since I can only do so much.)

Monitoring Infectious Diseases. The teachers at clinics can help keep schools clean by watching for germs and stopping them from spreading. Finding possible outbreaks, teaching students about hygiene, and taking steps to stop the disease from spreading are all very important things that teachers do.

Informant 6, narrated;

Among gibantayan ang mga makatakod nga sakit. Kung adunay pagbuto sa ubo, sip-on, o bisan bulutong-tubig, ako ang nagpahinumdom sa mga estudyante bahin sa hygiene, nagasusi sa mga sintomas, ug nagabulag sa mga morag masakiton aron mapugngan ang dugang pag takud-takud.

(We monitor communicable diseases. If there is an outbreak of coughs, colds, or even chickenpox, I am the one reminding students about hygiene, checking for symptoms, and isolating those who seem to prevent further spread.)

Description of One's Preparedness and Comfort in Addressing Various Students' Health Issues

This section addresses the specific research question 1.2: How do you describe your preparedness and comfort in addressing various students' health issues? Under the major research question 1, What are the experiences of clinic teachers handling students' health needs? The responses from six participants revealed varied levels of preparedness and comfort, often influenced by their background, the nature of their health issue, and the available support.

Limited Experience. This theme brings up a big problem that teachers who work in clinics must deal with a lot of them want to help, but they don't have much formal medical training or experience beyond basic first aid. If they have any background, it might be in medicine, but it usually isn't enough to cover all the health problems that students might have. People often feel hesitant and unsure when they must deal with anything more than small problems. This shows how important it is to get help from outside sources and medical professionals who know what they're talking about. Informant 1 said that;

Gitagaan ko ani nga tahas kay tungod siguro kay registered medtech ko related sa medical field dili ko expert gyud ani kay tungod maluoy sa mga bata gidawat basta minor makaya sa kung serbisyo kulba ug delikado na kung patawag dayon ko ug tabang sa barangay health center. Naay higayon paadtoon pa sa rural health unit sa Monkayo basta sa kanina higayon uban na ang ginikanan sa anak.

(I was given this task probably because I am a registered medical technologist, related to the medical field. I am not really an expert in this, but out of pity for the children, I accepted, if it is a minor case that I can

manage. It is worrying and dangerous if I must call for help from the Barangay Health Center right away. There are times when they even need to be sent to the rural health unit in Monkayo, but by that time, the parent is already with the child.)

Saw it as a challenge. The results revealed that clinic teachers find their responsibility a challenge in dealing with students' health needs, as they respond to the different situations despite having lack of formal training.

Informant 2 mentioned that she provides first aid, but if situations are beyond first aid, she asks for help from health professionals and she said that;

Kasagaran, nakita nako nga usa kini ka hagit ang pagdumala sa mga isyu sa panglawas sa mga estudyante, ilabi na kung daghan usab ako'g laing mga responsibilidad nga giatubang. Bisan pa niana, kanunay nakong ginahimo ang akong labing maayo aron dali nga motubag sa mga emergency sa panglawas ug maghatag og first aid kung kinahanglanon. Sa mga kaso nga dili na nako makaya, makig-alayon ko sa mga healthcare professionals aron masiguro nga makadawat ang mga estudyante og saktong pag-atiman.

(Most of the time, I find it challenging to manage student health issues, especially when I am also juggling many other responsibilities. Still, I always do my best to respond promptly to health emergencies and provide first aid when needed. In cases beyond my capacity, I coordinate with healthcare professionals to ensure students receive proper care.)

This was supported by informant 3, explaining that despite having a lack of medical training, she has taken cared of the students;

Kasagaran, mobati ko og kahuot sa pag-atiman sa mas seryoso nga mga kondisyon tungod sa kakulang sa medikal nga training, apan wala akoy laing kapilian gawas sa pag-atiman pag-ayo sa among mga estudyante.

(Most of the time, I feel uncomfortable handling more serious conditions due to a lack of medical training, but I have no choice but to take good care of our students.)

Not Easy. The study revealed that clinic teachers have found it not easy in handling students' concern, especially when students collapsed and no health record as reference in understanding the health situations of the learners. Informant 4 highlighted that;

Dili siya dali kay kung wala kay prior knowledge especially sa first aid lisud kaayo prone kaayo mi ug mga bata kanang mag collapse. So mao ng kung wala kay knowdge ana, lisud kaau siya kay wala ta kahibal oba sa history sa bata gud background, kung unsay reason nganong makuyapan. Pag consecutive ng mga bata na makuyapan gina question sa parent kong unsay history, basin nay history or kanang uban kay karon lang, ang uban kay nay history sa sakit sa heart or sa kainit bas a panahon, lisud siya kung wala kay knowledge in terms sa first aid, mas prefer unta kung naay school nurse.

Informant 4 continued to share that;

Naa sab koy teacher na kasabay nako mo tabang sa akoo if ever kung naay makuyapan, unya wala man jud mo clinic office, dal on namo sa office ni maam [school head], among ipahigda human tabangan ko sa among mga kauban usahay mo hilot, ma timingan mabiyaan nako akong klase kay wala may motabang ug bantay sa ila. Unya tabangan ko sa akong kauban si, DRR Coordinator kay kuan man sab siya sa DRR, makatabang siya sa akoo in terms kung unsa akong himoon gud ang bata na mubalik na iyang sense, kay naa uban matulog ra, magsakit ang dughan, unya wala mi kabalo ba. Mas prefer gyud untana kung nay school nurse.

(It is not easy because if you don't have prior knowledge, especially in first aid, it is very difficult. We are very prone to children collapsing. So, if you do not have knowledge of that, it is very hard because we do not know the child's history or background, or what the reason is for them fainting. When children keep fainting consecutively, parents would ask about their history, if there is a history [of illness] or if it just happened now. Some have a history of heart problems, or it could be due to the hot weather. It is difficult if you do not have knowledge in terms of first aid. It would really be preferred if there was a school nurse.)

(I also have a fellow teacher who helps me if ever someone faints, and since we really do not have a clinic office, we bring them to Ma'am [school head] office, we lay them down, and my colleagues help me, sometimes by massaging them. Sometimes, I end up leaving my class because there's no one to help watch over them. Then, my colleague helps me because she's also involved in DRR [Disaster Risk Reduction], so she can help me in terms of what to do with the child to bring them back to their senses. Because some just stay asleep, or experience chest pain, and we just do not know what to do. It would be preferred if the school had a nurse.)

Big Responsibility. This theme shows how hard it is for clinic teachers to do things that aren't part of their official training, both emotionally and professionally. This is especially true when it comes to handing out medicine. They are very uncomfortable because they were told what to do, what the risks were, and that they do not have formal medical training. Because of this, they are very careful and even a little worried about keeping students safe. It shows how much these teachers care about their work because they know that if they make a mistake in a field where they are not fully qualified, it could have very bad consequences. Informant 5, explained that;

Ang paghatag og tambal makapakulba kanako. Bisan pa ug gihatagan ko og instruksyon sa mga ginikanan, kanunay akong magdoble-tsek, magtriple-tsek sa dosis ug oras. Dako kini nga responsibilidad nga makapahimo kanako nga dili komportable, sa akong nahibal-an nga dili ako usa ka nurse.

(Medication administration makes me nervous. Even if their parents have given me instructions, I am always double-checking, triple-checking dosages and times. It's a huge responsibility that makes me quite uncomfortable, knowing I'm not a nurse. Medication administration makes me nervous. Even if their parents have given me instructions, I'm always double-checking, triple-checking dosages and times. It's a huge responsibility that makes me quite uncomfortable, knowing I'm not a nurse.)

Bit More Prepared for Basic Hygiene. This theme shows that clinic teachers are somewhat prepared and comfortable with one thing: keeping things clean and sanitary. These things are part of their job as teachers, so they feel ready. Teaching kids how to wash their hands and other basic hygiene skills seems like a normal part of their job. This helps them feel better about and sure of their knowledge of student health in this area. Informant 6 highlighted;

Mobati ko og gamay nga ka andam alang sa basic hygiene ug mga pahinumdom sa sanitasyon, sama sa pagpanghunaw. Kabahin kana sa among kinatibuk-ang pagtudlo, busa natural ra kini pamation. Sa bahin sa komportable, maayo ra kini.

(I feel somewhat prepared for basic hygiene and sanitation reminders, like handwashing. That is part of our general teaching, so it feels natural. Comfort-wise, it is fine.)

Emotional and Psychological Effects Experienced When Managing Students' Health Needs Without Formal Medical Training

This section presents the results of the specific question 1.3. What emotional and psychological effects do you experience when managing students' health needs without formal medical training? Under the 1st major research question, 'What are the experiences of clinic teachers handling students' health needs?' This section highlights the 3 emerging themes: Stress, Feel Worries, and Affect's Focus on class.

Stress. This theme describes the significant psychological strain that clinic teachers experience due to their natural responsibilities to manage students' medical issues without adequate formal medical training. The data presented under this theme demonstrates how this position significantly increases the workload of already-existing teaching and administrative duties, often leading to self-reflection and heightened anxiety about the potential consequences of their actions. Informant 1, discussed that;

Mabalaka ko, usahay ma-stress na magool lsad kay maluoy ko sa bata. Tama ba ni akong gihimo? Mangutana ko sa akong kaugalingon naa man goy kaisa sa Union nga naay epilepsy ug naa say hydrocephalus basin maka samot sa ilang gibati. Mahadlok sad ko pero dili ko magpahalata. Ipakalma nako akong kaugalingon para maka kalma sad sila. Basta kanang mga delikado na butang, ipatawag dayon nako ang mga igsuon sa eskwelahan din dapat mo anhi sad ilang ginikanan.

(I get worried, sometimes I get stressed and frustrated because I pity the child. Is what I am doing correct? I ask myself if this is okay, especially for

those with epilepsy or hydrocephalus, I might worsen what they are feeling. I also get scared, but I do not let it show. I calm myself down so that they can also calm down. If it is something dangerous, I immediately call the siblings [relatives] in the school, and their parents should also come.)

This was supported by informant 6, she expressed that;

Dako kaayo ang stress. Dili lang kining sa pagtudlo sa klase, pag-andam sa mga leksyon, ug pag-atubang sa mga trabaho sa administrasyon. Karon, labaw pa niana, akong gipas-an ang kabug-at sa pisikal nga kaayohan sa mga kabataan, usahay bisan ang ilang kinabuhi.

(The stress is immense. It's not just teaching classes, preparing lessons, and dealing with admin work. Now, on top of that, I carry the burden of these children's physical well-being, sometimes their lives.)

Feel Worried. This theme captures the common emotional states of fear and anxiety that clinic teachers display when confronted with a range of student health issues. The psychological effects of witnessing students in distress, particularly when there are severe symptoms or complex mental health issues, are highlighted, as are the anxiety caused by a perceived lack of medical knowledge and the difficulty in making crucial decisions. Informant 2, shared;

Sa personal, ang pagdumala sa daghang isyu sa kahimsog sa estudyante mahimong makapabug-at sa emosyon ug pangisip, labi na kung kini nga mga kabalaka naglambigit sa ilang kahimsog sa pang-isip. Adunay mga higayon nga ang mga estudyante makasinati og panic attacks o sa hyperventilation, ug nianang mga higayona, naningkamot ko nga magpabilin nga kalmado ug maghatag suporta aron matabangan sila nga mobati nga luwas ug masabtan. Apan, ang wala makita sa kadaghanan mao ang emosyonal nga gibug-aton nga mahimo usab niini kanako. Samtang giatiman nako ang ilang mga panginahanglan uban ang kalooy ug pagka dinalian, kanunay nakong ginadala ang emosyonal nga gibug-aton sa maong mga sitwasyon bisan pagkahuman sa pagtapos sa klase.

(Personally, handling numerous student health concerns can be emotionally and mentally overwhelming, especially when these concerns involve their mental well-being. There are times when students experience panic attacks or episodes of hyperventilation, and in those moments, I strive to remain calm and supportive to help them feel safe and understood. However, what many may not see is the emotional toll it can take on me as well. As I attend to their needs with compassion and urgency, I often carry the emotional weight of those situations long after the school day ends.)

Informant 3 explained how worried she is due to pressure, as she expressed;

Makapabalaka gyud kini sa kasagaran, usahay mabalaka ko nga makahimo og sayop nga desisyon nga maka daot sa mga estudyante, ug anaa usab ang

pressure sa pag balanse niini sa akong mga responsibilidad isip usa ka magtutudlo.

(It can be stressful most of the time, sometimes I worrying about making the wrong decisions that can be harmful to the students, and the pressure is there, balancing this with my responsibilities as a teacher.)

Informant 4 also expressed that she asked for help from the DRR Coordinator to handle the students' concerns, especially in first aid. She said;

Talawan man gyud ko ug dugo, pag naa miy estudyante especially dili ra gyud kaayo kanang masamad ug dagko, si Ma'am [DRR Coordinator] ang nagatabang kay dili man siya mahadlok ug dugo unya kabalo man siya. Mao siya ang taga tabang sa akong kung may mga bata nga masamad. Usually amo lang gina first aid kanang dagko na gani na samad, tapos refer gyud namo sa health center aron ma injectkan sila para sa tetanose. Ingon ana among ginahimo, pero manawag sab mi sa parents before namo dal on ang bata. Kay lisud man pud ug kami muadto unya wala kabalo ang ginikanan.

(I am afraid of blood. When we have a student, especially those with big wounds, Ma'am [DRR Coordinator] helps because she's not afraid of blood and she knows what to do. So, she is the one who helps me when there are children with wounds. Usually, we just do first aid for big wounds like these, then we refer them to the health center so they can get injections for tetanus. That is what we do, but we also call the parents before we take the child. Because it is also difficult if we go and the parents do not know.)

Affects One's Focus in Class. This theme examines how the dual duties of teaching and attending to the students' health needs directly impair a teacher's capacity to focus on the classroom. The findings presented here suggest that if a teacher is continuously aware of a student's medical condition or waiting for a parent to arrive, their attention may become divided and potentially impede the delivery of academic instruction. Informant 5 shared her thoughts;

Naka apekto kini sa akong pokus sa klase. Kung naa koy masakiton nga bata nga nagpahulay sa clinic corner, o kung naghulat ko sa ginikanan nga mokuha kaniya, ang bahin sa akong hunahuna kanunay nga nagkabiling sa iyang kondisyon imbes sa leksyon.

(It affects my focus in class. If I have a sick child resting in the clinic corner, or if I am waiting for a parent to pick them up, a part of my mind is always preoccupied with their condition instead of the lesson.)

What challenges do clinic teachers face when handling students' health needs?

This section presents the results for the 2nd major research question, 'What challenges do clinic teachers face when handling students' health needs?' Three specific questions are highlighted to capture the challenges faced by the clinic teachers.

Perceived Limitations of Knowledge and Skills that Prevent One from Effectively Addressing Diverse Student Health Concerns

This theme examines the clinic teachers' self-reported deficiency in practical medical knowledge and skills, which they say hinders their ability to handle the diverse range of health concerns that students may encounter. The information presented here identifies the precise areas in which educators feel unprepared, thereby impacting their confidence and the quality of care they can offer. These areas range from a lack of formal training to their incapacity to manage complicated or life-threatening medical situations. The participants' responses are coming from the specific question, 'What are the perceived limitations of your knowledge and skills that prevent you from effectively addressing diverse student health concerns?' The themes were, medical trainings, lack of time, ability to assess students' health issues.

Medical Training. This theme draws attention to a big and well-known problem with clinic teachers: they don't have enough formal medical training beyond basic first aid. The answers from the participants show that they are not ready for serious medical situations because they are not able to confidently and effectively meet the wide range of health needs of students. Informant 1 highlighted her point by saying that;

Medical training, actual demonstration, unsa himuon kung naay mga balatian ang mga bata. Kay walay igo na seminar o training sa pag-atiman sa mental health issues, epilepsy, or asthma, or pag lisod og ginahawa, dili dayon mahatagan o sakto na tabang. Mas labing maayo ang ADAS or other non-teaching presence tagaan o training para dili jud ma-disturbo ang klase kay base sa experience tawagon jud ko din mabiyaan ang klase.

(Medical training, actual demonstration, what to do if children have ailments. Because there's no adequate training for managing mental health issues, epilepsy, asthma, or difficulty breathing, proper help cannot be given immediately. It would be much better if ADAS [Administrative Aide/Support staff] or other non-teaching personnel were given training so that classes are not disturbed, because based on experience, I would be called, and the class would be left unattended.)

Informant 3 explicitly calls for structured medical training and practical demonstrations on managing various student ailments, she shared that;

Ang akong kinadak-ang limitasyon mao ang kakulang sa pormal nga medikal nga training. Kanunay akong maglisod ug mobati og kawalay kasigurohan sa saktong pagtubag labaw pa sa first aid.

(My biggest limitation is a lack of formal medical training. I often struggle and feel unsure about proper responses beyond first aid.)

On the other hand, informant 4 firmly shared that her capability is limited to basic prevention only, she stated;

Syempre, dili man gyud ko diha na field gud, medicine baya no, kanang akong makaya na ihatag kay basic lang gyud prevention sa ilang gibati,

pero beyond ana, dili gyud ko magpa alig-alig kay life man gud na unya wala ta kahibalo unsay mahitabo ba. Mao gyud ng kuan sa akoo, basic lang tapos refer kay life man gud na kita ang pangitaan.

(Of course, I am not from that field; it's medicine, you know. What I can provide is just basic prevention for what they are feeling, but beyond that, I really will not pretend to know or handle it, because it is life at stake, and we do not know what might happen. So, for me, it is just basic care then refer, because it is a life, and it is accountable.)

Informant 6 openly acknowledge the lack of proper emergency medical skills beyond fundamental first aid. She mentioned;

Wala koy proper emergency medical skills gyud beyond sa basic first aid. Kanang mga severe cases like mag dugo, ma choke, o serious na head injury. Mag duha-duha ko samtang gahulat ug tanang, grabi gyud kaayo kalisud.

(I do not have proper emergency medical skills beyond basic first aid. For things like severe bleeding, choking, or a serious head injury, I am just guessing what to do while waiting for help, and that is terrifying.)

Lack of Time. This theme brings up a big challenge for clinic teachers: they do not have enough time to teach and take care of all of their students' health needs at the same time. They've had some training, but because they have two jobs, it's hard for them to always give full care. Informant 2 articulates many limitations as a teacher nurse with lack of sufficient time and she said that;

Isip usa ka teacher-nurse, nakasinati ako og daghang limitasyon sa pag-atiman sa mga kabalaka sa panglawas sa mga estudyante. Usa sa labing mahinungdanong hagit mao ang kakulang sa igong oras aron nga matubag ang panginahanglan sa matag estudyante, ilabi na kung gibalanse kini sa akong mga responsibilidad sa pagtudlo. Bisan pa kon nakadawat ako og training sa first aid ug basic nga pag-atiman sa panglawas, giila nako nga kining maong training, bisan og valuable, aduna gihapon kini mga limitasyon.

(As a teacher-nurse, I have encountered several limitations in attending to students' health concerns. One of the most significant challenges is the lack of sufficient time to fully address each student's needs, especially when balanced alongside my teaching responsibilities. Although I have received training in first aid and basic health care, I recognize that this training, while valuable, has its limitations.)

Ability to Assess Students' Health Issues. This theme highlights a significant concern such as clinic teachers are not always aware of the severity and nature of students' health issues. It is frequently more difficult to intervene successfully and make the best decisions regarding a student's care when symptoms cannot be accurately assessed. As informant 5 explained her skill in identifying different types of pain. She said;

Ang akong kahanas sa pagtimbang-timbang sa lebel sa kasakit sa gibati sa students kay ubos kaayo. Mahimong mo ingon ang usa ka bata nga 'masakit,' apan dili nako measure kung unsa kini ka grabe o mailhan ang lain-laing klase sa kasakit, nga importante kaayo alang sa interbensyon.
(My skills in assessing pain levels objectively are very poor. A child might say 'masakit,' but I can not gauge how severe it truly is or differentiate between types of pain, which is crucial for intervention.)

Ways to Manage Student Health Impact on One's Primary Teaching Duties and Workload

This section presents the results for a specific question, 2.2. How does managing student health impact your primary teaching duties and workload? The discussion shed lights on the strategies, adaptations, and personal experiences by clinic teachers as they strive to fulfill both critical roles.

Additional Workload. This theme explains how clinic teachers' workloads significantly increase as a direct result of managing students' health concerns. It draws attention to the fact that this extra duty is not only significant but also erratic in its requirements, frequently clashing with continuing administrative and teaching responsibilities. The difficulty of juggling these many responsibilities often leaves participants feeling overburdened, which affects their energy and leisure time. Informant 1 noted that;

Kuan siya, additional workload din wala gipili na oras, dili mabayaan ang mga bata kung wala pa jud ang ginikanan o guardian. Honestly, makuhaan ang oras sa other teaching-related activities kay mag-atiman sa bata estudyante kay inahan man ta dili sad ko ka ako na maunsa sila.

(It is an additional workload, and it does not choose a specific time. The children cannot be left unattended if their parent or guardian has not arrived yet. Honestly, time for other teaching-related activities is reduced because I must take care of the student-child; since I am also a mother, I can not bear for anything to happen to them.)

Informant 2 articulates that balancing teaching responsibilities with student health concerns is a major challenge. She explained that;

Ang pagbalanse sa akong mga responsibilidad sa pagtudlo uban sa pag-atiman sa mga nay health concerns sa panglawas sa mga estudyante usa ka dako nga hagit. Sa usa ka dako nga karga sa pagtudlo, daghang mga report nga kinahanglan tapuson, ug dugang nga mga responsibilidad, sama sa pagserbisyo as English Reading Coordinator ug class adviser, ang pagdumala sa akong oras nga epektib nahimong lisud. Kadaghanan sa akong pagtagad gipahinungod sa akong advisory class ug pagpangandam sa leksyon, ug bisan pa nga kanunay akong naningkamot nga anaa ug motubag sa mga panginahanglan sa panglawas sa mga estudyante, kasagaran mobati ako og kabug-at sa pagbalanse sa tanan sa usa ka higayon. Adunay mga higayon nga naglisud ko sa pag pangita og igong oras ug kusog aron matuman kining tanan nga mga responsibilidad, ilabi

na kung adunay dinaliang mga kabalaka sa panglawas. Bisan pa sa mga hagit, gihimo nako ang akong labing maayo aron matuman ang tanan nga mga tahas uban ang dedikasyon ug pag-atiman, bisan kung kini nagpasabut nga kinahanglan akong magkunsomisyon usahay.

(Balancing my teaching responsibilities with attending to students' health-related concerns has been quite challenging. With a full teaching load, numerous reports to complete, and additional duties, such as serving as the English Reading Coordinator and a class adviser, managing my time effectively becomes difficult. Much of my attention is devoted to my advisory class and lesson preparations, and while I always strive to be present and responsive to students' health needs, it often feels overwhelming to juggle everything at once. There are moments when I struggle to find enough time and energy to meet all these responsibilities, especially when urgent health concerns arise. Despite the challenges, I do my best to fulfill all roles with dedication and care, even if it means stretching thin at times.)

Informant 3 candidly states that managing student health adds to her work and sometimes becomes a burden. She explained that;

Sa tinuod lang, makadugang kini sa akong trabaho ug usahay mahimong palas-anon, tungod kay bisan kung nagtudlo ako, kinahanglan kong mohunong aron atimanon pag-ayo ang mga estudyante, ug kini makabalda sa dagan sa akong pagtudlo.

(To be honest, it adds to my workload and sometimes becomes a burden, because even if I'm teaching, I need to pause to take good care of the students, and it can disrupt the flow of my teaching.)

Informant 6 noted that it is an additional management burden, she mentioned;

Adunay dugang nga kabug-at sa pagdumala. Kinahanglan nako nga idokumento kung kinsa ang miadto sa clinic, unsa ang ilang mga sintomas, kinsa ang gitawagan, ug kanus-a sila mibiya. Kining mga report nagakuha og oras gikan sa report sa mga rekord sa academics.

(There is an increased administrative burden. I must document who came to the clinic, what their symptoms were, who was called, and when they left.

These reports take time away from academic record-keeping.)

Little Time for Professional Development. This theme draws attention to a serious drawback of juggling teaching and clinic management duties: a sharp decline in professional development opportunities. Clinic teachers have little to no time for activities that would improve their teaching abilities or foster more extensive professional development because they are too busy with their immediate responsibilities. Informant 5 explained;

Gamay ra ang oras alang sa professional development. Kung ang matag libre nga panahon kay pagtudlo o pag-atiman sa kahimsog, ang mga oportunidad sa pagtambong sa mga trainings o workshops aron mapalambo ang akong kahanas sa pagtudlo mahimong talagsa ra kaayo.

(There's less time for professional development. When every spare moment is either teaching or tending to health, opportunities to attend trainings or workshops to improve my teaching skills become very rare.)

Systemic or Resource-Related Challenges Encountered When Dealing with Student Health Concerns

This section presents the results for the specific question 2.3. 'What systemic or resource-related challenges do you encounter when dealing with student health concerns?' Through in-depth analysis, the following theme emerges from the question: Lack of Health Personnel, Lack of Clear Guidelines, Lack of Training, No Challenges, Response from Parents, and Lack of Medical Supplies.

Lack of Health Personnel. This theme highlights a serious systemic shortcoming: the lack or extreme scarcity of committed medical personnel in educational environments. Teachers are overburdened by this gap, which also exposes a serious deficiency in the availability of specialized health services, especially when it comes to delicate and complicated issues impacting student populations. Informant 1 explicitly pointed out the lack of a school nurse or health personnel, she highlighted that;

Kakulangan sa school nurse or health personnel labi na sa high school kay seryoso ang mental health ug teenage pregnancy sa mga bata or sa mga teenagers, kulang sab ang suporta sa health services sa community. Malipay lang ko dinhi sa Union National High School kay makahatag mi ug ginagmay nga tambal pero kung mahurot na, wala na gyud.

(The lack of a school nurse or health personnel is a significant issue, especially in high school, because mental health and teenage pregnancy among children or teenagers are serious concerns. Support for health services from the community is also lacking. I am just glad here at Union National High School that we can provide a small amount of medicine, but once it runs out, there's nothing left.)

Lack of Clear Guidelines. This theme identifies a significant operational challenge stemming from the absence of standardized and clear guidelines for teachers managing student health. This lack of direction leads to ambiguity in roles, an accumulation of duties, and a heightened sense of legal and ethical vulnerability when performing tasks typically reserved for trained medical professionals. Informant 2 articulates many challenges as a teacher handling health responsibility with a lack of clear guidelines, she explained;

Isip usa ka magtutudlo nga nagdumala usab sa mga responsibilidad nga may kalabutan sa kahimsog, nag-atubang ako og daghang mga hagit nga nagpalisud sa epektibo nga pagdumala sa akong tahas. Usa sa labing dako nga isyu mao ang kakulang sa klaro nga mga giya ug gipaabot, nga kanunay nagpahinabo sa nagpatong-patong nga mga katungdanan ug kalibog bahin sa akong mga responsibilidad. Ang pagbalanse sa akong trabahoon sa pagtudlo sa pag-atiman sa mga panginahanglan sa kahimsog sa mga estudyante mahimong makapabug-at, labi na kung walay igong suporta o pag-adjust sa karga sa trabaho. Adunay usab mga legal ug etikal nga

kabalaka kung gipaabot kanako ang paghatag og tambal o pagtubag sa mga medikal nga sitwasyon nga walay pormal nga training o awtorisasyon, nga mosangpot sa pag duha-duha ug kahadlok. Dugang pa, ang limitado nga suplay sa medikal ug mga limitasyon sa oras labi pang nagpalisud sa akong abilidad sa paghimo sa duha ka tahas nga maayo, kanunay nagbiling kanako nga gibati ang kabug-at.

(As a teacher who also handles health-related responsibilities, I face several challenges that make my role difficult to manage effectively. One major issue is the lack of clear guidelines and expectations, which often leads to overlapping duties and confusion about my responsibilities. Balancing my teaching load with attending to students' health needs can be overwhelming, especially without proper support or adjustments in workload. There are also legal and ethical concerns when I am expected to administer medication or respond to medical situations without formal training or authorization, which leads me to hesitation and fear. Additionally, limited medical supplies and time constraints further complicate my ability to perform both roles well, often leaving me feeling overwhelmed.)

Lack of Training. This theme directly addresses the fundamental deficiency in formal medical training provided to teachers tasked with student health management. This gap is perceived as a practical barrier, preventing them from adequately addressing serious health conditions and highlighting the profound need for specialized expertise in the school environment. As such, informant 3 identifies the core problem as she emphasized;

Una, ang kakulang sa training, ug kung ang mga estudyante mag-antos sa grabe nga sakit, walay full-time nga nars nga moatiman kanila.

(First one lacks training, and if the students suffer a serious illness, there is no full-time nurse to assist them.)

No Challenges. This theme presents a contrasting perspective, where at least one participant perceives minimal or manageable challenges regarding medical supplies. This viewpoint suggests that despite broader systemic issues, individual schools might have adequate provisions for common ailments, alleviating some of the pressure experienced by others. Informant 4 expresses a sense of luck because the school provides medicine, and their only concern is the lack of a proper area or building space, she mentioned;

Lucky pud mi diria kay ang school kay provide ug tambal. Basta wala nay tambal, moingon ra man pud ko ug wala. Basta tambal sa sakit ulo, ngipon, tiyan, naa man amoa diri, haplas. Completo man siya, ang kuan lang namo diari kay ang area, walay kabutangan gyud niya nga if ever nay bation ang bata, kulang pa ang building. Pero okay ra man siya, kay sa mga tambal, provided man siya. Mao gani ang ubang mga bata kay bisan ug gikan pa sa ilang balay muanhi pa diri kay mangayo ug tambal kay libre man.

(We are also lucky here because the school provides medicine. If there is no more medicine, I just tell them we do not have any. But for medicines for

headache, toothache, stomachache, we have them here, also liniment. It is complete. Our only issue here is the area; there's no place for them if ever a child feels unwell, the building is still lacking. But it is okay because the medicines are provided. That's why some children, even if they come from their homes, still come here to ask for medicine because it is free.)

Response from Parents. This theme highlights an external but critical challenge in student health management. The difficulty in securing prompt responses from parents or guardians often leads to extended periods where sick students remain under the teacher's care. Informant 5 identifies that getting a quick response from parents can be a challenge, she mentioned;

Ang pagkuha sa dali nga tubag gikan sa mga ginikanan mahimong usa ka hagit, ilabi na kung sila nagtrabaho sa umahan o layo sa eskwelahan. Kini nagbilin sa masakiton nga bata kanamo sulod sa taas nga panahon, nga makapadugang sa problema.

(Getting parents to respond quickly can be a challenge, especially if they are working in the fields or far from the school. This leaves the sick child with us for extended periods, compounding the problem.)

Lack of Basic Medical Supplies. This theme directly addresses the critical and alarming scarcity of essential medical supplies and medicines within the school clinics. This deficiency forces teachers to rely on maximizing the resources. Informant 6 states that the lack of basic medical supplies and medicine in the school can be a serious challenge, as she expressed;

Kulang na gyud kaayo mi ug basic medical supplies ug tambal. Usahay akong personal nako nga tambal or mga donations sa mga kaubanan trabaho sauna pamalit ug paracetamol, alcohol, or cotton.

(We severely lack basic medical supplies and medicines. We often rely on donations from colleagues before or use our own money to buy paracetamol, alcohol, or cotton. Our first aid kit is usually very sparse.)

How do the teachers cope with the challenges they encounter as they function as school nurses in the absence of a school nurse?

This section presents the results on the viewpoints of the research participants on the roles of clinic teachers in attending to student health needs. This was the gist of the 3rd major research question 'How do the teachers cope with the challenges they encounter as they function as school nurses in the absence of a school nurse?' Three specific research questions are highlighted in this major question to gather rich information.

Ways in Managing Time, Balancing Teaching Responsibilities, and Attending to Student Health Needs

In this section, the themes were created based on the responses of the participants from the specific research question, 'How do you manage your time, balance teaching responsibilities, and attend to student

health needs?’ Their approaches often involve making time for important matters, asking for help from others, and contacting parents.

Making Time for Important Matters. This theme highlights the deliberate efforts of clinic teachers to prioritize and allocate time for urgent student health concerns, even if it means interrupting or adapting their teaching schedule. They demonstrate an ability to make swift decisions to ensure the immediate well-being of the students. As Informant 1 explains that they balanced by shifting their time with their colleagues, if necessary, as she stated that;

I-balance pinaagi sa pag bali-bali sa time kung naay atimanunon na bata taga-an og aktibiti ang klase pero usahay mabiaan jud labi na kung sa middle sa imong klase tawagan ka. Ipatan-aw na lang nimo sa bakante na teacher ang bata. Mo suggest ko na unta naa joy nurse sa school or cluster schools, then sa high school sad ibutang dili ilang sa district. In fairness, moreply ba ya si Sir [District clinic nurse] kung naa koy concern labi na sa health.

(I balance it by shifting time. If there's a child to attend to, I give the class an activity, but sometimes the class is left unattended, especially if I am called in the middle of my class. I just asked a vacant teacher to look after the child. I would suggest that there should be a nurse in the school or cluster schools, and for high schools, not just in the district office. In fairness, Sir [District clinic nurse] does reply when I have concerns, especially regarding health.)

This was supported by informant 4, as she made a clear statement on prioritization in attending to a fainted or wounded learner, even if it coincides with an ongoing class, she mentioned that;

Priority nako, first, if ever kuntahay parehas anang mag-abot akong klase ug nay bata nga nakuyapan, nasamad ingon ana man gyud among scenario. Usually, akong ginahimo kung naa gyud ko klasehan kaayo, na man sab koy kaubanan pud nga motan aw ug kinahanglang gyud atimanon ang pasyente, naa koy ipahimo sa mga bata para ako ang mag bantay sa bata nga nay gibati. Unta kung dool ra ang balay unya okay na ang bata, ginapauli namo kay mahadlok mi basin unsay makalit na sab ug kakuyapan.

(My priority, first, is if, for example, my class is ongoing and a child fainted or gets wounded, that is our scenario here. Usually, what I do, if I really have a crucial class, I also have colleagues who can look after and truly need to attend to the patient. I will give the students an activity so I can monitor the child who is feeling unwell. Hopefully, if their house is near and the child is already okay, we will send them home because we're afraid they might suddenly faint again.)

Informant 6 highlighted that she relies on quick assessment and quick decisions, having a thorough series of observations to determine the urgency of the situation within a minute or two, and decide whether to send the student home or just let them rest. She explained;

Nagsalig kaayo ko sa paspas nga pagtimbang-timbang ug paspas nga paghimo og desisyon. Wala ako'y kahigayonan nga magdugay sa pag-obserb. Sulayan nako nga matino ang pagka dinalian sulod sa usa o duha ka minuto ug mag desisyon kung pauli- on ba sila o pahulayan lang.

(I rely heavily on quick assessments and quick decisions. I do not have the luxury of extended observations. I try to determine the urgency in a minute or two and decide whether to send them home or just rest.)

Asking for Help from Others. This theme underscores the reliance on informal and formal support networks within the school and community. Clinic teachers often delegate or seek assistance from colleagues and administration to effectively manage their dual responsibilities and ensure students receive timely attention. Informant 2 was so lucky because of the support from her fellow teachers, the school head, and the Red Cross Youth Council. She explained;

Isip usa ka magtutudlo nga gitahasan isip clinic in-charge, swerte ko nga aduna koy suporta gikan sa akong kaubang mga magtutudlo, head sa eskwelahan, ingon man ang tabang sa Red Cross Youth TNHS Council. Ang ilang tabang nag tugot kanako sa pagdumala sa akong oras ug pagbuhat sa akong mga responsibilidad sa pagtudlo ug sa akong mga katungdanan isip clinic in-charge. Uban sa ilang suporta, makatambong ako sa mga panginahanglan sa kahimsog sa mga estudyante samtang nagtudlo.

(As a teacher assigned as the clinic in-charge, I am fortunate to have the support of my fellow teachers, the school head, as well as the assistance of the Red Cross Youth TNHS Council. Their help allows me to manage my time and do both teaching responsibilities and my duties as the clinic in-charge. With their support, I can attend to students' health needs while teaching.)

In support, informant 3 states that in emergencies, she involved the school administration for help when need. She stated that;

Kung adunay mga emergency, akong apilon ang administrasyon sa eskwelahan sa pagtabang kanako kung gikinahanglan, apan usahay lisud ang pagbalanse ug malangan ang pagtudlo.

(When emergencies arise, I involve the school administration to assist me when needed, but sometimes it is difficult to maintain balance and teaching gets delayed.)

Contacting Parents. This theme illustrates the crucial role of prompt and efficient communication with parents as a strategy for managing student health needs. Establishing clear lines of communication ensures that parents are informed and can quickly take over their child's care when necessary. As informant 5 highlights her efficiency in contacting parents. She mentioned that;

Nahimo akong efficient kaayo sa pagkontak sa mga ginikanan. Andam na ang ilang mga numero, ug nakatukod ko og sistema diin nahibal-an nila nga motawag ra ako kung kinahanglan, aron mas dali sila motubag.

(I have become very efficient at making parent contact. I have their numbers ready, and I have established a system where they know I will only call if it is necessary, so they respond faster.)

Sources of Support Sought or Utilized to Assist in Managing Student Health Issues

In this section, the themes emerged from the responses of the participants based on the specific question, 3.2. ‘What sources of support do you seek or utilize to assist them in managing student health issues?’ The following are the themes: Medicines from MOOE, Additional Training and Seminars, Help from Other Stakeholders, Care for Students’ Health Concerns, Quick Online Search to Determine Symptoms, and Coordinate with Barangay Health Worker.

Medicines from MOOE. The theme highlights the reliance on school-allocated Maintenance and Other Operating Expenses as a primary source for essential medical supplies and equipment. It demonstrates how these funds are crucial for basic immediate care and logistical support in student health management. Informant 1 explicitly lists the needed supplies and equipment that can be available in the office. She boldly emphasized that;

Medicines from MOOE: Paracetamol, Loperamide, Ibuprofen, Mefenamic, other generic medicines, sometimes sanitary napkins, medical equipment, blood pressure, thermometer, and barangay vehicle to transport the patient to the health center.

(Medicines and resources, noting that some are from MOOE (Maintenance and Other Operating Expenses), and include items like Paracetamol, Loperamide, Ibuprofen, Mefenamic, other generic medicines, sometimes sanitary napkins, medical equipment (blood pressure, thermometer), and the availability of a barangay vehicle to transport patients to the health center.)

Additional Training and Seminars. This theme underscores the perceived critical need for more comprehensive professional development focused on health management. Teachers recognize that the current support is insufficient and actively seek or advocate for specialized training to enhance their competency and confidence in addressing student health concerns. Informant 2 stresses that to be an effective teacher, and clinic-in-charge must receive more training and seminars, she mentioned;

Aron mahimong epektibo nga magtutudlo ug clinic in-charge, importante ang pagdawat og dugang training ug mga seminar nga nagtutok sa pagdumala sa nagkalain-laing isyu sa panglawas nga giatubang sa mga estudyante. Ang regular nga pagbisita gikan sa mga propesyonal nga health workers, uban sa lig-on nga suporta gikan sa komunidad, makapa uswag usab pag-ayo sa atong abilidad sa pagtubag sa mga panginahanglan sa mga estudyante nga mas efficient ug masaligon.

(To be an effective teacher and clinic in-charge, it is essential to receive more training and seminars focused on handling the various health-related issues students face. Regular visits from professional health workers, along with strong support from the extended community, would also greatly

enhance our ability to respond to students' needs more efficiently and confidently.)

Help from Other Stakeholders. This theme illustrates dependence on a network of individuals within and outside the school for immediate assistance and guidance. Clinic teachers turn to colleagues, school administrators, and local health personnel as crucial informal support system, especially during emergencies. Informant 3 explained the reliance to co-teachers, principal, and most of the time the barangay health workers and contacted parents as she mentioned that;

Nagsalig ko sa akong mga kauban nga magtutudlo, prinsipal, ug kasagaran sa among barangay midwife. Kung adunay emerhensi, mokontak dayon ko sa mga ginikanan.

(I rely on my co-teachers, principals, and most of the time to our barangay midwife. If an emergency arises, I contact parents immediately.)

Care for Students' Health Concerns. This theme emphasizes the significant source of support for teachers' intrinsic sense of responsibility, compassion, and personal dedication to student well-being. Informant 4 expressed her approach for caring for the children as she discussed;

Pag care nimo sa mga bata, kay aside sa na designate ka, murag ang health sa bata ba kay naa sa imo kay ikaw man ang na designate na clinic. Ikaw na in charge kay dapat naa kay passion sa imong designation. Tapos doolanan sab ko sa mga bata kay ug naa silay gibati unya makuyapan unya pagmata nila ako ang makita maong sood gyud ko sa mga bata, comfortable na sila sa akoo.

(When you care for the children, aside from being designated, it is like the children's health is entrusted to you because you are the designated clinic person. You are in charge, so you must have passion for your designation. Also, the children are drawn to me because if they feel unwell or faint and then wake up, I am the one they see; that is why I am close to the children, and they are comfortable with me.)

Quick Online Search to Determine Symptoms. The theme highlights the personal initiative and resourcefulness of clinic teachers in seeking information, particularly through digital channels, when faced with uncertainty about symptoms or first aid procedures. Informant 5 describes sorting to quick online searches if she is unsure about something, mentioned that;

Kung tugotan sa koneksyon, usahay mohimo ko og dali nga pagpangita online sa akong cellphone alang sa kasagarang mga sintomas o basic first aid nga mga pamaagi kung dili ko sigurado sa usa ka butang. Apan ang kasaligan nga impormasyon dili kanunay sayon pangitaon sa madali.

(When connectivity allows, I sometimes do quick online searches on my phone for common symptoms or basic first aid procedures if I am unsure about something. But reliable information is not always easy to find quickly.)

Coordinate with Barangay Health Workers. The theme describes active, though often challenging efforts to establish formal or informal linkages with local community health resources. Informant 6, explained;

Naninkamot ko nga makig-alayon sa mga Barangay Health Worker (BHWs) o sa Rural Health Unit (RHU), bisan og dili kanunay kini sayon tungod sa ilang kaugalingong busy nga iskedyul ug limitado nga staff. Sila ang among labing duol nga pormal nga medikal nga kapanguhaan.

(I try to coordinate with the Barangay Health Workers (BHWs) or the Rural Health Unit (RHU), though it is not always easy due to their own busy schedules and limited staff. They are our closest formal medical resource.)

Ways in Adapting Practices to Develop Informal Protocols to Address Recurring or Complex Student Health Concerns

This section delves into a resourceful and adaptive strategies employed by clinic teachers to create informal, yet effective, protocols for managing recurring or complex student health issues. Faced with limited formal support, these educators develop practical routines, leverage community knowledge, and prioritize proactive measures to ensure student well-being.

Health Trainings for All Teachers. This theme highlights the advocacy for broader health training within the school community, extending beyond the designated clinic personnel to all teachers. This collective approach is seen as crucial for fostering shared responsibility and ensuring that student health concerns are addressed comprehensively. Informant 1 strongly advocates for health training not just for clinic designate but for all teachers, she stated that;

Health training not only to the clinic designate but all teachers in the school because it concerns the students. Pagtinabangay sa matag teachers para makita ang kahintang sa bata. Pwede adunay collaboration sa guidance counselor, teen center, adviser o mga dili advisors.

(Health training should be provided not only to the designated clinic but to all teachers in the school because it concerns the students. There should be cooperation among all teachers to monitor the child's condition. There can also be collaboration with the guidance counselor, teen center, advisers, or non-advisers.)

Schedule a Meeting with Parents. This theme underscores the practice of proactive observation and direct engagement with parents and external stakeholders as a cornerstone for developing informal health management protocols. It illustrates how detailed monitoring, combined with collaborative meetings, informs tailored responses to student health patterns. Informant 2 describes adopting a practical and consistent approach to establish an informal protocol, which she discussed that;

Aron matubag ang balik-balik o komplikado nga mga kabalaka sa panglawas sa estudyante, akong gipahaom ang praktikal ug makanunayon nga mga pamaagi nga makatabang sa pagtukod og impormal nga mga protocol sulod sa eskwelahan. Nagsugod ko pinaagi sa pag-obserbar sa

mga sumbanan sa mga isyu sa panglawas sa estudyante sama sa kanunay nga labad sa ulo, atake sa hika, o mga kabalaka nga may kalabutan sa stress ug akong gimemorya ang kasagarang mga hinungdan o panginahanglan. Gikan didto, nagmugna ako og sunod-sunod nga rutina o impormal nga mga giya, sama sa pagbaton og andam nga access sa mga suplay sa first-aid, paghimo og yano nga health monitoring log, o pagpahimutang og sistema diin ang mga estudyante makareport sa ilang mga kabalaka sa tinago. Naghan-ay ako og mga miting uban sa mga ginikanan aron matabangan ako nga mas masabtan ang sitwasyon sa mga estudyante. Nakig-alayon usab ako sa Red Cross Youth Council ug nangayo og input gikan sa akong mga kauban nga magtutudlo aron masiguro ang usa ka gipaambit nga tubag kung nag-atubang sa pipila ka kondisyon. Sa paglabay sa panahon, kining balik-balik nga mga praktis nahimong impormal apan epektibo nga mga protocol nga makatabang sa pagsiguro sa tukma sa panahon ug angay nga pag-atiman, bisan kung wala ang usa ka full-time nga propesyonal sa panglawas.

(To address recurring or complex student health concerns, I adopt practical and consistent approaches that help establish informal protocols within the school setting. I start by observing patterns in student health issues such as frequent headaches, asthma attacks, or stress-related concerns and take note of common triggers or needs. From there, I develop step-by-step routines or informal guidelines, such as having ready access to first-aid supplies, creating a simple health monitoring log, or setting up a system where students can report concerns discreetly. I arrange meeting with the parents to help me understand the students situation better. I also coordinate with the Red Cross Youth Council and seek input from my co-teachers to ensure a shared response when dealing with certain conditions. Over time, these repeated practices evolve into informal yet effective protocols that help ensure timely and appropriate care, even in the absence of a full-time health professional.)

Document Students' Health Issues. This theme emphasizes the crucial role of systematic record-keeping and consistent parent communication as foundational practices in managing student health. It highlights how documenting health issues and maintaining open lines with parents contribute to effective, ongoing care and proactive initiatives. Informant 3 states the importance of documenting student health issues and communicating with parents regularly. She commented that;

Akong gi document ang mga isyu sa panglawas sa among mga estudyante ug kanunay akong making komunikar sa mga ginikanan. Nag hatag usab ako og libreng tubig sa tanang estudyante aron masiguro nga sila kanunay hydrated.

(I document the health issues of our students and communicate with parents regularly. I also offer free water to all students to make sure that they are hydrated all the time.)

Learn Through Experience. This theme highlights the experiential learning process through which clinic teachers build their practical knowledge and adaptive skills in managing student health. It underscores a reliance on personal encounters, peer insights, and self-directed learning to inform their responses to recurring health scenarios. Informant 4 expressed some attributes in combining the learned skills from seminars, trainings, social media, and the knowledge of colleagues, she shared that;

Aside sa training, seminars, Youtube, then akong mga kauban nga nay kahibalo, mas ma feel pud nako nga kabalo sab sila, maong dili sab ko magpa hawud-hawud ug mag observe sa unsay dapat himoon kay nay situation nga magkaparehas ang mga bata ug experience. Kung unsa akong una ng ana experience akong i-apply sa new same cases. Maka learn ka through experience.

(Aside from training, seminars, and YouTube, I also consult my colleagues who know. I can also feel that they know things, so I do not pretend to be an expert and instead observe what needs to be done because there are situations where children have similar experiences. Whatever I learned from a previous experience, I apply it to new, similar cases. You learn through experience.)

Solicit Advice from Parents. This theme points to a specific collaborative strategy in gathering information and practical advice directly from parents regarding their children's specific health concerns. Informant 5 explains that if a specific health concern, such as a skin rash, arises frequently among multiple students, they gather information from parents to address the student concerns, she emphasized;

Kung kanunay motumaw ang usa ka specific nga kabalaka sa panglawas, sama sa usa ka matang sa rashes sa panit sa daghang estudyante, paningkamutan nako nga mangolekta og impormasyon gikan sa mga ginikanan bahin sa ilang gigamit o nakatabang, ug dayon sahare kanang impormal nga kahibalo sa ubang mga magtutudlo.

(If a specific health concern arises frequently, like a certain skin rash in multiple students, I will try to gather information from parents about what they used or what helped and then share that informal knowledge with other teachers.)

Through Observing and Investigating Students' Health. The theme captures a proactive, investigative approach adopted by clinic teachers, where they meticulously observe patterns in student health and discreetly probe for contributing factors. This personal investigation allows them to identify potential triggers or underlying causes, informing their immediate and future responses. Informant 6 stated that;

Nagsalig ko sa pag-obserbar sa mga sumbanan. Kung mamatikdan nako nga ang usa ka bata kanunay masakiton matag Martes, basin discreetly nakong susihon kung nakakaon ba sila og pamahaw, o kung adunay espesipikong kalihokan nianang adlaw nga basin nakatampo. Kini ang akong kaugalingong 'imbestigasyon'.

(I rely on observing patterns. If I notice a child always gets sick on Tuesdays, I might discreetly check if they had breakfast, or if there is a

specific activity on that day that might be contributing. It is my own 'investigation'.)

What are the realizations of teachers as they assume the role of school nurses in the absence of a school nurse?

This section explores the strong consensus among participants regarding the indispensable role of a school nurse within the school learning environment. This was the gist of the 4th major question, 'What are the realizations of teachers as they assume the role of school nurses in the absence of a school nurse?' Under this major question, there are three sub-questions to engage with rich information that would add to the growing body of knowledge.

Perspective on the Necessity and Importance of Having a School Nurse Within the School Setting

In this section, the themes were created from the responses of the participants to the specific question 4.1. 'What is your perspective on the necessity and importance of having a school nurse within the school setting?' In this question, there are two merging themes from the study, which are: Ensures Safety and Order, and Very Important.

Ensures Safety and Order. The theme highlights how a school nurse's presence contributes to a safer and more organized school environment. Informant 1 believe that nurses with their specialized expertise, can ensure proper health care for students, prevent disruptions to academic instruction, and provide valuable health education, she explained that;

Magtuman sa husto ang panglawas sa mga kabataan nga mahimong seguridad og hapsay. Mas eksperto muatiman sa pagbati sa bata og kabalo mu monitor sa kahintang sa mga bata labi na sa delikado nga sakit. Unya dili ma-disturbo ang pagtudlo sa mga teacher therefore naay klase permi og naay makat-onan ang mga bata tapos maka educate sad ang school nurse kay mas daghan sila og kahibalo.

(To properly take care of the children's health, ensuring their safety and well-being. [A school nurse is] more expert in attending to the child's feelings and knows how to monitor the condition of children, especially those with dangerous illnesses. And the teachers' teaching won't be disturbed, therefore there will always be class and the children will learn, and the school nurse can also educate because they have more knowledge.)

Very Important. The theme captures the overarching sentiment that a school nurse is crucial for student well-being, stemming from teachers' recognition of their limited medical capabilities and the complex nature of student health needs. Participants underscore a vital expertise a nurse brings, particularly for serious or chronic conditions and during emergencies. Informant 2, despite having basic first aid and Red Cross training, firmly believes the presence of medical professionals in schools is very important, she stated;

Bisan pa man nga nakatambong ako og basic training ug seminar isip clinic in-charge sa eskwelahan, lakip na ang first aid training pinaagi sa Philippine Red Cross, nagtuo gihapon ako nga hinungdanon kaayo ang

presensya sa mga propesyonal sa medisina sulod sa eskwelahan. Ang ubang mga sitwasyon molapas sa among kaya, isip mga magtutudlo nga limitado ra ang medikal nga kahibalo, bisan unsa pa kami ka andam o pasalig sa pagtabang. Samtang gihimo namo ang among labing maayo sa pagtubag sa mga panginahanglan sa panglawas sa mga estudyante, ang among kahibalo ug katakos adunay mga limitasyon. Mao nga ang presensya sa mga nabansay nga propesyonal sa panglawas sa mga eskwelahan importante aron masiguro nga ang seryoso o komplikado nga mga kabalaka sa panglawas matubag uban ang saktong pag-atiman ug kahanas.

(Although I have attended basic trainings and seminars as a school clinic in-charge, including first aid training through the Philippine Red Cross, I believe it is still very important to have medical professionals present in the school setting. Some situations go beyond what we, as teachers with limited medical backgrounds, can properly handle, no matter how willing or committed we are to help. While we do our best to respond to students' health needs, our knowledge and capabilities have limits. That's why the presence of trained health professionals in schools is essential to ensure that serious or complex health concerns are addressed with the proper care and expertise.)

Informant 4 stresses that having a clinic-in-charge is important; she emphasized the benefit of having someone knowledgeable in terms of medical terms who is aware of what to do. She claimed that;

Important gyud siya kay health man, so importante gyud siya nga nay clinic ug in-charge. Maong mas nindot siya kung knowledgeable in terms sa medical terms kay aware gyud ka kung unsay himoon kay dili man gyud ko [sa medicine field] na designate lang ko kay pagka in nako kay gi designate dayon ko nila mao to nga slowly gina learn nako process kay talawan man gyud ko, ganahan ra sab ko. Lisud gyud ang school nga walay clinic teacher pero mas lisud gyud ug dili knowledgeable in terms sa health.

(It is important because it is about health, so it is truly essential to have a clinic and someone in charge. That is why it is much better if the person is knowledgeable in medical terms, because you will be aware of what to do. I'm not really from the medical field; I was just designated. When I came in, they immediately designated me, so I am slowly learning the process because I'm a bit timid, but I also like it. It is difficult for a school to not have a clinic teacher, but it is even more difficult if the one in charge is not knowledgeable in terms of health.)

Informant 5 highlights the particular importance of nurses for students with chronic illnesses or special health needs. She explained that learners who require specialized attention and a medical professional on site to manage their conditions throughout the school, she explained;

Importante kaayo sila ilabi na alang sa mga estudyante nga adunay chronic illnesses o espesyal nga panginahanglan sa panglawas. Kining mga bataa nagkinahanglan og espesyal nga pagtagad ug usa ka medikal nga propesyonal sa eskwelahan aron madumala ang ilang kondisyon sa tibuok adlaw sa klase.

(They are especially important for students with chronic illnesses or special health needs. These children require specialized attention and a medical professional on site to manage their conditions throughout the school day.)

Informant 6 strongly states that students' safety is necessary. She argues that a teacher with no medical background cannot truly ensure the safety of a child during a medical emergency. She added that;

Para nako, kinahanglanon gyud kini alang sa kaluwasan sa estudyante. Ang magtutudlo, nga walay medikal nga background, dili gayud makasiguro sa kaluwasan sa bata panahon sa usa ka medikal nga emerhensi. Ang nars nahibalo kung unsa ang buhaton dayon.

(For me, it is necessary for student safety. A teacher, with no medical background, cannot truly ensure the safety of a child during a medical emergency. A nurse knows what to do instantly.)

Informant 3 firmly states that having a school nurse within the school setting is essential because they are professionally trained and can address both immediate and long-term health needs of the students. She expressed that;

Ang pagbaton og school nurse sulod sa eskwelahan mahinungdanon kaayo tungod kay sila propesyonal nga training ug makatubag sa dinalian ug dugay nga mga panginahanglanon sa panglawas sa mga estudyante.

(Having a school nurse within the school setting is essential because they are professionally trained and can address both the immediate and long-term health needs of the students.)

Influence of Experience on Teachers' Understanding of the Scope and Limitations of Professional Roles and Responsibilities

This section presents question 4.2. 'How has your experience influenced teachers' understanding of the scope and limitations of your professional roles and responsibilities?' The participants' Narratives reveal a profound shift in their self-perception, moving from an initial acceptance to duties to a deeper awareness of their medical limitations, their critical link between health and learning, and dispensable the value of specialized health professionals.

Importance of a professional nurse in school. This theme highlights the overwhelming realization among teachers that their non-medical background is insufficient for comprehensive health management, leading to a strong conviction about the absolute necessity of a professional school nurse. This understanding is often born from their encounters with serious or complex health issues that exceed their training. Informant 1 explicitly stated her limitation is a lack of knowledge, and she relies only on experience or help from others, she explained that;

Akong limitasyon ang kuwang sa kahibalo, nagbasi lang ko sa experience o tabang sa uban. Dili husto akong kahibalo kay dili man ko praktisado. Basin sa akong tabang dili hinoun makaluwas basin makapasamot sa gibati sa bata. Dapat jud expert sa medical professional or nurse kay dili tiaw ang pag-atiman sa health sa kabataan lakip na jud niini ang mental health kay adunay suicidal cases or mental issues sa schools. Naay teamwork og kahiusahan sa tanan teacher, guidance counselor, teen center coordinator, administrators, and school nurse para sa kayuhan sa kabataan.

(My limitation is the lack of knowledge; I only base it on experience or the help of others. My knowledge is not sufficient because I am not a practitioner. My help might not even save them; it might even worsen the child's condition. It really should be a medical professional or nurse who is an expert, because taking care of children's health is no joke, including mental health, as there are suicidal cases or mental issues in schools. There should be teamwork and unity among all teachers, guidance counselors, teen center coordinators, administrators, and the school nurse for the well-being of the children.)

Informant 3 shares that her experience has made her more aware of the limitations of her role as a teacher. Despite her strong desire to help students, she realized that she's not fully equipped to handle some serious medical concerns, she explained;

Ang akong kasinatian nakapahimo kanako nga mas nahibalo sa mga limitasyon sa akong papel isip usa ka magtutudlo. Bisan tuod gusto ko nga motabang sa akong mga estudyante kutob sa mahimo, akong naamgohan nga dili ako hingpit nga andam sa pagdumala sa ubang mga seryoso nga medikal nga kabalaka. Ang importansya sa pakigtambayayong sa mga propesyonal sa panglawas nakatabang kanako sa pagpabili nga ang usa ka school nurse importante kaayo sa kaayohan sa estudyante.

(My experience has made me more aware of the boundaries of my role as an educator. While I want to help my students as much as possible, I realize that I am not fully equipped to handle some serious medical concerns. The importance of collaboration with health professionals helped me appreciate that a school nurse is very much important to student welfare.)

Crucial role of good health while learning. This theme encapsulates A broadened pedagogical understanding that a student's health is intrinsically linked to their ability to learn. Teachers realize that their role extends beyond academics, making students' well-being an unforeseen yet critical component of their daily responsibilities. Informant 2 explains that her experience as both a clinic in charge and a teacher managing health, the lead student health concerns, has made them realize the crucial role held plays in learning, she highlighted;

Ang akong kasinatian isip usa ka clinic in-charge ug magtutudlo nga nag-atiman sa mga kabalaka sa panglawas sa mga estudyante nakapa santop kanako sa mahinungdanong papel sa panglawas sa pagkat-on. Kung ang

mga estudyante mag-atubang og mga isyu sa panglawas, dako kaayo ang epekto niini sa ilang abilidad sa pagkat-on og bag-ong kahibalo ug pagpalambo sa kahanas. Gipakita usab niini nga mga kasinatian kanako nga ang pagdumala sa duha ka tahas dili sayon; kini nagkinahanglan og dakong panahon, kusog, ug emosyonal nga kalig-on. Makadaot kini sa pangisip, pisikal, ug kinatibuk-ang kaayohan sa usa ka tawo. Bisan pa sa mga hagit, ang trabaho makahatag og dako nga katagbawan. Sa katapusan sa adlaw, ang pagkahibalo nga nakatabang ako sa pagtubag sa mga panginahanglanon sa panglawas sa akong mga estudyante ug nakatampo sa ilang abilidad sa pagkat-on nagdala og lig-on nga katuyoan ug katagbawan.

(My experiences as both a clinic in charge and a teacher handling students' health-related concerns have made me realize the crucial role health plays in learning. When students face health issues, their ability to absorb new knowledge and develop skills is significantly affected. These experiences have also shown me that managing both roles are far from easy; it demands a great deal of time, energy, and emotional strength. It can take a toll on one's mental, physical, and overall well-being. Despite the challenges, however, the work is deeply fulfilling. At the end of the day, knowing that I've helped address the health needs of my students and contributed to their ability to learn brings a strong sense of purpose and satisfaction.)

Informant 5 describes how her experience broadened her understanding that the role extends far beyond academics. He explicitly realizes that if a child isn't healthy, they can't learn, so their well-being became an unexpected, yet critical, part of her daily responsibilities, she explained;

Kining kasinatian nakapalapad sa akong pagsabot nga ang akong papel milabaw pa sa academic. Akong naamgohan nga kung ang usa ka bata dili himsog, dili sila makakat-on, busa ang ilang kaayohan nahimong usa ka wala damha, apan kritikal, nga bahin sa akong adlaw-adlaw nga responsibilidad.

(This experience has broadened my understanding that my role extends far beyond academics. I realized that if a child isn't healthy, they can't learn, so their well-being became an unexpected, yet critical, part of my daily responsibilities.)

Accept to task with Passion. This theme reflects a personal transformation, where despite the challenges and dual roles, teachers embrace their clinical responsibilities with a sense of dedication and passion. This perspective highlights resilience and a commitment to a student's well-being that transcends the formal job description. Informant 4 describes her situation as being dual, a teacher and designated as the clinic in charge, acknowledging the diverse challenges and hustle involved in different designations and experiences, she discuss;

Mura siya ug na dual, teacher unya designated as clinic in charge, though lahi-lahi man gyud ta designation, situation, experience, lahi- lahi ug

hustle. Pero ang realizations kay okay lang as long as dawaton nimo heartfully ug do it with passion para sa bata.

(It is like being dual-roled, a teacher then designated as clinic in charge. Although we all have different designations, situations, experiences, and different hustle. But the realization is that it's okay if you accept it wholeheartedly and do it with passion for the child.)

Awareness of one's limitations. This theme centers on the heightened self-awareness Gained by teachers regarding the precise boundaries of their non-medical training period this leads to a clear understanding of what they are personally unauthorized or incapable of doing, establishing A distinct line between basic first aid and qualified nursing care. Informant 6 states that the experience made her acutely aware of the clear limitations of her non-medical training. She now explicitly knows what she absolutely cannot do: diagnose, prescribe, or handle severe emergencies, and that there's a huge gap between basic first aid and actual nursing care

Nakapahimo kini kanako nga mas nakahibalo sa tin-aw nga mga limitasyon sa akong non-medical nga trainings. Nahibal-an na nako kung unsa ang dili gyud nako mahimo – ang pagdayagnos, pagreseta, o pag-atiman sa grabe nga mga emergency – ug nga adunay dako nga gintang tali sa first aid ug sa tinuod nga pag-atiman sa nars.

(It has made me acutely aware of the clear limitations of my non-medical training. I now know what I absolutely cannot do diagnose, prescribe, or handle severe emergencies and that there is a huge gap between basic first aid and actual nursing care.)

Recommendations or Insights for Improving the Support and Management of Student Health Needs Within Schools

Presented in this section are the themes drawn from the responses to the specific question 4.3. What are your recommendations or insights for improving the support and management of student health needs within schools? The themes are to provide a school nurse, less teaching loads for teachers assigned in the clinic, provide essential medical equipment, and establish clear and standardized protocols.

Provide a permanent school nurse. This theme highlights the overwhelming consensus on the critical need for dedicated, professional medical personnel within schools. Participants believe that a permanent school nurse is the most effective solution for ensuring proper student care, managing complex health issues, and alleviating the burden on non-medically trained teachers. Informant 1 reflects in her 22 years in depth and expresses hesitation in assigning clinical duties to those without relevant medical knowledge, driven by compassionate desire for children's well-being, she stated;

Ako na concern for 22 years sa DepEd, mahadlok sad ko mohatag sa uban sa clinic in-charge kung walay gamay nga kaibalo or related sa imong field. Og naa man gyud concern sa mga bata, gugma na sa usa kainahan na muatiman gyud. Maoni akong ika-recommend gyud. One, paghatag o

permanent school nurse, mahatagan o tukmang pag-atiman ang mga kabataan. Two, regular na health training sa magtutudlo gikan sa DOH tanan jod para andam mi mo responde kong adunay needs. Three, koordinasyon o mga pamaagi sa koneksyon sa health institution, health center, RHU, o hospital. Four, comprehensive health education curriculum, dili lang sa MAPEH. Hisgutan pud dapat ang mental health awareness kay hadlok na ang mga kabataan karoon. Five, access sa health record for monitoring and evaluation. Six, nindot iapil sad ang special need education. Kanang samtang walay mupuli sa akoo, padayon lang gihapon, luoy ang mga bata.

(My concern for 22 years in DepEd is that I am afraid to hand over the clinic-in-charge role to others if they do not have even a little knowledge or if it is not related to their field. And there is also the genuine concern for the children; it's the love of a mother who truly cares. These are my strong recommendations. One, provide a permanent school nurse, so the children can receive appropriate care. Two, regular health training for all teachers from the DOH, so we are all ready to respond if there are any needs. Three, coordination or connection methods with health institutions, health centers, RHUs, or hospitals. Four, a comprehensive health education curriculum, not just in MAPEH [Music, Arts, Physical Education, and Health]. Mental health awareness should also be discussed because children nowadays are facing alarming issues. Five, access to health records for monitoring and evaluation. Sixth, it would also be good to include special needs education. If there's no one to take over the role, we will just continue, because we pity the children.)

Informant 4 prioritizes facilities and resources, advocating for a school nurse. If a nurse isn't visible, she recommends training for existing clinic teachers to ensure they are effective, as not all nurses, she emphasizes;

First, facility then resources, kung mahimo nay school nurse, kung walay nurse atleast nay maka conduct na training, at least mas effective ang designated nga clinic teacher, kay dli tanan clinic teacher kay nurse gyud gikan, dapat naa gyud knowledge ang clinic teacher unya hatagan ug training especially sa amo nga dili nurse, unya nay proper training, kay dli man sab mi kabalo mo tabang kung wala sab miy background knowledge, like first aid maong dapat gyud naa gyuy trainings related sa health.

(First, the facility, then the resources. If possible, there should be a school nurse. If there is no nurse, at least someone should be able to conduct training. This way, the designated clinic teacher will be more effective, because not all clinic teachers are nurses. The clinic teacher should really know and be given training, especially those of us who are not nurses. There should be proper training, because we also will not know how to help if we

do not have background knowledge, like first aid. That is why there really should be training related to health.)

Less Teaching Loads for Teachers Assigned in the Clinic. This theme emphasizes the necessity of adjusting the workload of teachers assigned to clinic duties. Participants recognize that balancing teaching with health responsibilities is unsustainable and advocate for reduced teaching loads to allow adequate time for effective student health management. Informant 2 strongly suggested that teachers assigned to manage school clinics should have a reduced teaching load. She reiterated that;

Para nako, ang mga magtutudlo nga gi-assign sa pagdumala sa mga clinic sa eskwelahan kinahanglan nga maminusan ang ilang teaching loads aron sila epektibo nga makatambong sa mga panginahanglan sa panglawas sa mga estudyante. Kinahanglan usab silang hatagan og dugang training ug mga seminar aron mas ma andam sila sa pag-atubang sa nagkalain-laing kabalaka ug isyu sa panglawas. Dugang pa, kinahanglang himuong anaa ang igong medikal nga suplay ug kapanguhaan aron matabangan sila sa pagtubag sa hustong paagi sa mga panginahanglan sa panglawas sa mga estudyante.

(For me, teachers assigned to manage school clinics should have reduced teaching loads to allow them to effectively attend to students' health-related needs. They should also be provided with more training and seminars to better equip them in addressing various health concerns and issues. In addition, sufficient medical supplies and resources must be made available to help them respond properly to students' health needs.

Provide Teachers with Basic Health Training and Emergency Response Workshop. This theme advocates structured and practical health training for all teachers, particularly focusing on basic health care and emergency response. This approach aims to equip educators with essential skills, improving their confidence and effectiveness, an immediate student has situations when a nurse may not be present. Informant 3 offers recommendations for improving student health support, primarily employing more school nurses per campus, she emphasized that;

Usa sa akong mga rekomendasyon isip clinic teacher alang sa pagpalambo sa suporta sa panglawas sa mga estudyante sulod sa mga eskwelahan. Una, pagkuha og daghang school nurse matag kampus. Kung dili kini mahimo, tingali hatagan ang mga magtutudlo og basic training sa panglawas ug mga workshop sa pagtubag sa emergency.

(One of the clinic teachers my recommendations are insights for improving the support of the students' health needs within the schools. First, employ more school nurses per campus. If it is not possible, maybe provide teachers with basic health training and emergency response workshops.)

Provide Essential Medical Equipment. This theme highlights the importance of equipping school clinics with fundamental medical tools and a suitable environment. Participant stresses that the basic, accessible resources significantly enhance teachers' ability to provide immediate care at effectively monitor students' condition. Informant 5 recommends providing basic essential medical equipment, she explained that;

Maghatag og basic, importanteng medikal nga ekwipo sama sa saktong thermometer, blood pressure cuff, ug komportable, pribado nga sick bay area. Dako og kalainan ang saktong pahulayanan ug basic na galamiton ug iapil ang mas praktikal ug makalingaw nga edukasyon sa panglawas sa kurikulum, itudlo sa mga magtutudlo nga nakadawat og labing menos basic training sa panglawas. Ang paghatag gahum sa mga estudyante sa kahibalo sa pag-atiman sa kaugalingon makapa menos sa mga insidente.

(Provide basic, essential medical equipment like accurate thermometers, a blood pressure cuff, and a comfortable, private sick bay area. A proper resting place and basic tools make a big difference and integrate more practical and engaging health education into the curriculum, taught by teachers who have received at least basic health training. Empowering students with self-care knowledge can reduce incidents.)

Establish Clear and Standardized Protocols. This theme emphasizes the critical need for formalized, step-by-step guidelines for managing student illnesses and emergencies. Participants believe that clear protocols would eliminate guesswork, streamline communication, and formalize crucial partnerships with local health units, ensuring consistent and appropriate responses. Informant 6 recommendations by establishing clear and standardized protocols for managing common illnesses and emergencies, she emphasized that;

Magtukod og klaro ug standardized nga mga protocol alang sa pagdumala sa kasagarang mga sakit ug emerhensi. Ang mga magtutudlo nagkinahanglan og step-by-step nga giya kung unsa ang buhaton, kanus-a tawagan ang mga ginikanan, ug kanus-a i-refer sa health center, aron mawala ang pangagpas ug mapalambo ang linya sa komunikasyon ug pormalisahon ang mga panag-uban sa lokal nga Barangay Health Unit ug Rural Health Unit. Kinahanglan adunay sistema alang sa dinalian nga konsultasyon ug referral, dili lang impormal nga mga tawag.

(Establish clear, standardized protocols for managing common illnesses and emergencies. Teachers need a step-by-step guide on what to do, when to call parents, and when to refer to a health center, to remove the guesswork and improve communication lines and formalize partnerships with the local Barangay Health Unit and Rural Health Unit. There should be a system for immediate consultation and referral, not just informal calls.

DISCUSSIONS AND CONCLUSION

Six teachers, currently designated as the clinic in charge or regularly handling student health concerns, serve as the study participants. The school heads and colleagues identified them as key individuals involved in student health management within their respective schools. These informants, who participated in in-depth interviews, were the primary source of information and data for the phenomenon under study.

Since this study required a thorough investigation into live experiences and in compliance with reliability and transferability concerns in qualitative studies, the research employed A qualitative phenomenological research design. In doing so, the researcher was able to undergo an in-depth investigation through one-on-one interviews with the research participants.

For this chapter, the sequence of the presentation was based on the order of the research questions in the interview guide. The discussion selection highlighted the themes that were the study's results and are corroborated by related literature and studies.

Discussions

The discussions are organized according to the major research questions, presenting clinical teachers' new experiences, challenges, and insights in managing student health needs.

Specific Health-related Tasks and Responsibilities Undertaken Without a School Nurse. The emerging themes in this structured theme are Providing First Aid to Students and Monitoring Infectious Diseases. These themes highlight a serious systemic shortcoming, the lack or extreme scarcity of committed medical personnel in educational environments. Teachers are overburdened by this gap, which also exposes a serious deficiency in the availability of specialized health services, especially regarding delicate and complicated issues impacting student populations.

Clinic teachers are the first line of defense for their students' health, offering prompt first aid for a variety of conditions such as fevers, headaches, minor injuries, and stomachaches. Additionally, they provide a place for students to rest in case they feel weak or experience dysmenorrhea. This practical position entails providing direct care and getting in touch with parents as needed. However, a school nurse is preferred as a teacher's ignorance of medicine can be extremely distressing and unnerving, particularly when a student passes out. Teachers may help one another in an emergency, but the absence of a designated clinic area can make things more difficult and frequently force them to use other school offices. Due to their limited capacity, teachers primarily serve as "health referrers," advising parents to seek professional medical attention from a doctor or at a barangay health center for more persistent or concerning symptoms.

Additionally, although they know health programs, public school teachers do not know enough about them. Since all participating public schools have no full-time health staff, they rarely have access to basic medical facilities like sick bays and trained but untrained first responders. This highlights the serious lack of training and infrastructure that needs to be addressed immediately to improve health service delivery for public schools (Solomon et al., 2024).

Providing immediate first aid, clinic teachers actively monitor and control the spread of infectious diseases in the school environment, making them vital to public health. Participants take proactive steps to prevent the spread of illnesses by reminding students to practice good hygiene, monitoring for symptoms of illnesses such as chickenpox, colds, or cough, and isolating students who appear ill. The preventative aspect of their job is crucial to maintaining a supportive school environment.

Furthermore, a research program wherein the main study is conducted in the school, which looks at viral assays across a school district. Still, it does not explain how teachers might be involved in monitoring

infectious diseases among their students. Students and staff throughout the district took part in the surveillance testing, with some doing symptomatic tests. The main method of collection was through cystic nasal swabs and symptom surveys used to capture their responses. The feasibility of respiratory surveillance testing in schools and its application toward correlating secondary transmission across students and staff is demonstrated by this study (Schuster et al., 2024).

Description of One's Preparedness and Comfort in Addressing Various Students' Health Issues. This section examines clinic teachers' perceptions of their emotional comfort and preparedness in handling the wide range of student health issues, providing insights into their perceived constraints and difficulties. This organized theme includes the teachers' evaluations of their skills and emotional states in response to students' various health issues, frequently emphasizing their non-medical backgrounds. The emerging themes were Limited Experience, Saw it as a Challenge, Not Easy, Big Responsibility, and a Bit More Prepared for Basic Hygiene.

Most teachers lack formal medical care experience, and even those with related backgrounds like medical technology admit they are not "experts" in direct patient care. They feel that doing so without any prior knowledge is very difficult, especially when it comes to first aid, and they are prone to making mistakes, especially when students pass out. The importance of student health issues causes a lot of anxiety for teacher education graduates in the Philippines because they lack medical expertise. If teachers had been exposed to student health issues during their medical training, they would have become more confident and enhanced their interpersonal and teaching abilities. Similarly, students who may have had health issues tend to steer clear of the program because they believe it to be very demanding and stressful, especially considering their limited access to health education. This highlights another gap in teacher education curricula and highlights the need for professional medical training to build trust with teachers (Abulon & Rungduin, 2014).

Furthermore, taking care of students' health issues is often seen as a significant challenge, especially when paired with other responsibilities. However, teachers attempt to respond quickly to medical emergencies and provide first aid, working with medical professionals when conditions exceed their capabilities. Thus, in the Philippines, special education teachers face difficulties when working with children who have complicated medical conditions. These difficulties, which may be caused by insufficient training and resources, can lead to teachers experiencing resentment, excessive stress, and burnout. They develop their adaptive strategies, which have a reasonable level of success despite having no system support. Seeing children with special needs grow is one of the pleasures of working with new teachers, especially when this growth is made possible by better student outcomes and teacher well-being (Damalerio et al., 2024). Similarly, clinic teachers stress that their job is not easy because they don't have any prior medical knowledge, which makes it hard to comprehend a child's medical history or the causes of conditions like fainting. Their desire for a school nurse makes this challenge even more difficult. Moreover, the modern medical education program provides clinical teachers with a distinctive rapport and a maximum case-based learning environment. However, under the pressure of prioritizing student learning over the welfare of individual patients, and yet unable to adjust to working with a limited number of cases, teachers face numerous challenges. Therefore, this variability creates an extra demand for continued development, but the system creating havoc must also address these challenges and enhance its teaching (Magnier et al., 2014).

Furthermore, given the enormous responsibility involved, giving medication can be uncomfortable, even when done under parental supervision. Due to their discomfort as non-nurses, teachers often double-check

dosages and timings. Furthermore, teachers have manifested all responsibilities on health matters such as immunizations or vaccinations, psychological ailments, first-aid treatments, health assessment, or government health programs into the lives of students in the Philippines. While such duties do push frontline teachers into the health promotion of their community, such privileges come laden with a lack of recognition, training, or backup-most of the utmost importance to the detriment of these teachers' health (Estacio, 2024).

Teachers feel more prepared and comfortable because handwashing and other basic sanitation and hygiene reminders align with their regular teaching duties. This signifies that teachers would be suitably involved in training and subsequently turned into health promoters to guide students in incorporating better health-care models in the school system, handling major health needs of students alongside questionable behaviors. It further enhances the thrust into physical, social, and mental well-being vis-à-vis students' performance in academics. Therefore, the training promotes the triggering of action for the primary elements of healthy living concerning good nutrition and exercise while eschewing the basic eviction of smoking, drinking, and drug use (Pulimeno et al., 2020).

Emotional and Psychological Effects Experienced When Managing Students' Health Needs Without Formal Medical Training. As teachers deal with students' health concerns without sufficient medical training, this structured theme highlights the internal, intangible effects on them, emphasizing feelings of stress, anxiety, and impaired concentration.

Clinic teachers report high levels of anxiety and stress. They frequently doubt the wisdom of their decisions, particularly when handling delicate conditions like hydrocephalus or epilepsy, out of concern that their interventions could make a child's condition worse. Since they are responsible for the physical health and occasionally even the lives of their students, this stress goes beyond the normal responsibilities of teaching. Teaching anxiety symptoms high-end among teachers living in a clinical or school environment, thus necessitating these individual stress relievers. Of course, this phenomenon was influenced by a variety of things, such as student behavior and conditions of work. It was a health need very perfect for them. Moreover, the poor performance of students on increased anxiety and stress levels in teachers have been associated with depression mechanisms like taking an academic outcome (Agyapong et al., 2022).

In addition, deep anxiety and trepidation are common emotional effects. Managing health issues, particularly mental health issues like panic attacks or hyperventilation, is emotionally and mentally taxing for participants. Even though they try to maintain composure, they still bear the emotional weight of these circumstances long after school. In addition to the pressure of juggling this with teaching duties, there is a persistent fear of making a poor choice that could endanger students. Additionally, participants might be personally uncomfortable with certain medical sights, such as blood, which makes it necessary to rely on coworkers for support in injury cases. First aid and prompt referral to a health center for additional medical care are given priority for serious injuries, and parents are always notified in advance.

Furthermore, the child's health condition may elicit fears in the teachers. Their worry does not originate solely from this experience. Nevertheless, the teachers have many other specific concerns concerning the situations. These concerns are about how to tell the class about the child's status, how to determine that child's strength, and how to behave toward that child and his or her family. This points toward a disquieting knowledge gap and a lack of appropriate materials to assist teachers in these situations (Otth & Scheinmann, 2022).

The constant presence of a sick child in the clinic corner or the anticipation of a parent's arrival significantly distracts teachers during class. A portion of their mind remains preoccupied with the student's condition rather than the lesson being taught. This directly impacts their ability to focus on their primary teaching duties. Factors crucial to determining the health of students in the school environment include the extent to which teachers engage in health education involvement. Teachers' involvement represents a social environmental factor among the many school factors that influence student health. Thus, if teachers actively engage in health education promotion, they are likely to affect students' health behavior-probably regarding alertness, in-class well-being, and so forth (Long & Hung, 2024).

Perceived Limitations of Knowledge and Skills that Prevent One from Effectively Addressing Diverse Student Health Concerns. This theme focuses on the clinic teachers' self-reported lack of medical knowledge and practical skills, which hinders their ability to handle the diverse range of student health issues. Their non-medical backgrounds and the demands of their dual roles are frequently the cause of these limitations. Moreover, teachers' health habits possibly influence students' health either through indirect observation or direct effects. In both instances, their impact is based on daily student observation of and direct experience with teachers' behaviors. The study does emphasize the perception of the students regarding the role modeling of teachers, which, according to Bandura's social cognitive theory, lays stress on cognition and the processing of the experience socially to inform behavior and development. Therefore, the health behaviors of these modeling figures go hand in hand with their interventions on health issues among students (Aryal, 2022).

Moreover, clinic teachers frequently report a severe lack of formal medical training, which restricts their capacity to offer quality care, particularly for severe illnesses like mental illness, epilepsy, or asthma attacks. Participants make it clear that they only know the bare minimum of first aid and are reluctant to help more because they fear for the safety of their students and the potential legal consequences. More thorough training that includes real-world procedure demonstrations is highly desired. Such training can be done mainly for teachers to teach the intellectually disabled to be competent in meeting children's learning needs. Nowhere is there any discussion that directly uses the terminology 'medical training,' but the entire context of the subsequent discussion regarding understanding student characteristics, an appropriate stratagem for educational purposes to tend the soil, insinuate quite a meager bare basic interest that teachers would be equipped in competencies to be able to meet holistic needs of all their students' health considerations-their participation and learning experiences-tolerance included (Alsaree, 2016).

Furthermore, a significant limitation identified is the insufficient time available to fully address each student's health needs while simultaneously managing teaching responsibilities. Teachers find it challenging to balance a full teaching load with the demands of their clinic role, even with first aid training. In addition, all teachers huddle around, becoming very busy with their students and the tussle of time dealing with most of the health issues of the students. However, studies indicate the possibility of relieving this burden greatly through the schools' nurses. With the assistance of the school nurse, teachers claim that they can spend less time on health issues and devote this time to teaching. This is one of the major advantages of having a dedicated nursing staff (Hill & Hollis, 2012).

Clinic teachers say they are not very good at determining how much pain a student is experiencing or how serious their condition is. They find it difficult to distinguish between different types of pain or gauge the severity of an ailment, both of which are essential for effective intervention. Their effectiveness is limited, and their discomfort is increased by this diagnostic uncertainty. Mental health emergencies are increasingly falling into the laps of teachers turned first responders. Thus, Teachers are saddled with the

responsibility of caring for anything and everything mental health-related. This makes it more pertinent that educators know not only about pedagogy but also about hands-on approaches to the many mental health challenges requiring immediate attention in their class. Oftentimes, teachers might witness a host of mental health issues afflicting students with extreme emotional and behavioral challenges and even with noteworthy levels of academic difficulty, including anxiety, depression, or responding to trauma of which require a compassionate and understanding approach (Parveen et al., 2024).

Ways to Manage Student Health Impact on One's Primary Teaching Duties and Workload. This theme examines how teachers' primary instructional responsibilities and overall professional workload are impacted by the added obligations of managing students' health.

Taking care of students' health is a significant additional workload that interferes with other teaching-related duties. It can be challenging to balance teaching and health concerns, especially urgent ones, which can leave one feeling overworked. Documenting clinic visits takes time away from academic records and adds to the record-keeping workload. A unique analysis of the health teachers' jobs is done in this study among school nurses in the context of their time allocation for health management and health education. At no instance does it talk about the issue of added workload within this context that is to be taken on by the other teachers when addressing the health needs of the students. From the research results, health teachers mainly use their working hours for health management and only a small portion of their time for health education. In this context, the focus was more on school nurses and less on the bigger picture of the workload for health management carried out by the regular teachers (Kim et al., 2022).

Moreover, the dual responsibilities drastically limit professional development opportunities because teaching and healthcare take up most free time, making it uncommon to attend workshops or training to improve teaching techniques. Even if health education is valued and accepted, the professional development of teachers in this area receives little support. This absence of training could also adversely affect a full health education for students since teachers would probably have little expertise or confidence to give the subject matter its due in the classroom. This means that such professional-development programs will become an urgent necessity to equip teachers for health education to close this gap (Otten et al., 2022).

Systemic or Resource-Related Challenges Encountered When Dealing with Student Health Concern. This theme highlights the institutional and external barriers that clinic teachers encounter when trying to adequately address the health concerns of their students. These barriers can range from a lack of staff to unclear procedures and necessary supplies.

Lack of school nurses or other health staff is a major problem, especially in high schools where major problems like teen pregnancy and mental health are common. Additionally, community health services frequently provide insufficient support, and although some schools offer basic medications, these supplies are scarce and frequently run out. School nurse shortages necessarily place severe health consequences for students concerning needs on the campus and, often, transfer that burden into the hands of teachers. A teacher ill-equipped to make a medical call automatically falls into such perspective, with school after school removing staffing nurses from their ranks and requiring those remaining to work out of multiple sites, jeopardizing child safety. There are school nurse shortage consequences that make students' health alarmingly dismal on campuses, most time falling into teachers' doing as regards making those medical decisions. Teacher, ill-equipped to make a medical call, automatically falls into such perspective, school after school cutting nurses from its staff and requiring those remaining to work out-of-hours (Taliaferro, 2008).

Similarly, teachers encounter difficulties because of unclear expectations and guidelines, which cause overlapping tasks and misunderstandings of their roles. Without sufficient assistance or workload modifications, juggling teaching and healthcare obligations is extremely difficult. Expecting someone without formal training or authorization to administer medication or respond to medical situations raises ethical and legal questions, which makes people hesitant and afraid. Their capacity to carry out both responsibilities efficiently is further complicated by a lack of time and medical supplies, which frequently leaves them feeling overburdened. Integration of health as an expected part of the curriculum; however, research shows that teaching health keeps most teachers off balance. Teaching insecurities create room for denying students adequate health education, hence the need for intervention strategies for professional development to be put in place that will empower teachers toward quality health teaching (Otten et al., 2022).

Furthermore, one of the biggest problems is a lack of proper training, particularly when students are seriously ill and there isn't a full-time nurse available to care for them. In the minds of educators, the feeling of responsibility about children's mental well-being, however, some issues distinguish conceptualization from practical application, especially in the skills needed to promote positive mental health. They recognize this lack of specialized training as the crux of the issue that prevents them from adequately supporting and identifying mental health needs. All the voices share an understanding that professional development and preservice training are crucial in bridging this knowledge gap among teachers (Maclean & Law, 2022).

Since their school offers common medications for headaches, toothaches, stomachaches, and topical pain relievers, some participants say there are "no challenges" in terms of medication availability. They do admit that there isn't enough space set aside for clinics, though. This research previously inferred that the health and well-being of students is an area that teachers find very problematic. This is a challenge related to the fact that there exists a natural power imbalance in teacher-student relationships that cannot easily be aligned toward the discussion of health and well-being. This indicates that, very broadly, the framework of teacher-student relationships does not create the open and trusted atmosphere that will allow students to resolve their problems related to health freely and openly discuss their health motives (Littlecott et al., 2018).

Moreover, getting a timely response from parents can be challenging, especially if they live far from the school or work in the fields. By regularly leaving sick children in the school's care for extended periods, this can exacerbate the situation. Furthermore, identifying the importance of self-care education, teachers and parents are on different sides regarding who should educate the school by itself, the parents by themselves, or the two together. This discrepancy brings into consideration whether there is a disparity between how much teachers perceive themselves to be capable of teaching in health needs and how much the parents expect or are involved in, or even encouraging those health needs to be addressed in the school context (Osman et al., 2024).

In addition, one major issue has been identified as the severe lack of basic medical supplies and medications in schools. The fact that teachers usually must pay for essentials like cotton, alcohol, and paracetamol out of their own pockets or through parent donations is concerning. First aid kits are criticized for being woefully insufficient. Health care emergencies for students assume utmost priority in securing an environment for children within schools. Perhaps another intractable debate arises from opposing views concerning, and concerns about, what schools think is little emergency equipment and resources. The

absence of such basic medical supplies might constitute a grave limiting factor in any health-related emergency intervention for students concerning safety and welfare (Bobo et al., 2003).

Ways in Managing Time, Balancing Teaching Responsibilities, and Attending to Student Health Needs. This well-organized theme highlights the strategic and adaptable ways teachers manage their primary teaching duties with the unexpected and urgent demands of student health care by utilizing support networks and great communication.

Teachers deal with shifting their schedule and giving assignments when a student needs attention, even though they acknowledge that interruptions can occur when they are called upon in the middle of a lesson. In these cases, they may ask a non-teaching teacher to keep an eye on the pupil. Giving other students assignments as soon as possible so the teacher can attend to the ill student is part of prioritizing student emergencies, such as fainting or injuries. They also take swift action, such as sending a stable child home if they live nearby, out of fear of unanticipated relapses. It takes quick assessment and decision-making, often within minutes, to decide whether to send a student home or allow them to rest. Furthermore, teachers must prioritize interpersonal communication to address students' mental health needs effectively. By fostering supportive relationships and open discussions, they can create a safe environment that encourages students to express their concerns and seek guidance regarding their emotional well-being (Zheng, 2022).

Moreover, for time management and responsibility balancing, assistance from coworkers, the principal of the school, and groups such as the Red Cross Youth Council is essential. They can address the health needs of their students while they are teaching thanks to this support. They enlist the help of the school administration in times of need, though this occasionally causes a delay in instruction. In most cases, these teachers first discuss students' mental health issues in the classroom, but often they feel that they do not have the competencies to handle such sensitive issues. Teachers requesting training for child and adolescent mental health counseling skills, managing relationships with parents and outside health practitioners, but does not suggest any demand from teachers for any other in-school health personnel. Elsewhere, a program for training and materials, and support systems to meet the multifaceted mental health issues presented by students, which indicates a much larger system need than just a peer-to-peer support among faculty members (Gunawardena et al., 2024).

In addition, clinic teachers become very effective at reaching out to parents; they have numbers on hand and set up a system that lets parents know they are only contacted when needed, which speeds up responses. It further fails to highlight those communications concerning students' health care concerns. The study discusses the constructs of collaborative communication and technology-mediated communication, which could promote motivation and academic achievement for students. Henceforth, no literature whatsoever would investigate teachers contacting parents on health needs in schools (Rachman et al., 2024).

Sources of Support Sought or Utilized to Assist in Managing Student Health Issues. To fill the gaps in official medical support, clinic teachers rely on institutional resources, outside professional connections, unofficial networks, and individual initiative, as identified by this structured theme.

Basic medications like paracetamol, loperamide, ibuprofen, mefenamic, and other generics, as well as medical supplies like thermometers and blood pressure cuffs, are purchased by schools using Maintenance and Other Operating Expenses (MOOE). Additionally, they transport patients to health facilities using barangay vehicles. Administering over-the-counter (OTC) medications in the school setting is an effective and low-cost solution to some relatively minor health complaints that otherwise would have interfered

with class attendance and prevented students from engaging in learning. The subject of over-the-counter medications being given by teachers is briefly mentioned in this report, but it strives more generally toward discussing the advantages of such provision for the overall policy of health management in schools (Wallace, 2016).

Moreover, to be effective, teachers stress the value of obtaining further training and attending seminars centered on handling different student health concerns. Strong community support and frequent visits from medical professionals are thought to improve their capacity to react effectively and self-assuredly. Moreover, professional development training and conferences for teachers and school health clinicians greatly improve the capacity to meet the health needs of students. The trained teacher delivered the program to students in a classroom setting, which resulted in significant improvements in mental health literacy in those students, with stigma reduction fostering better help-seeking attitudes in the intervention group. This clearly articulates the case for equipping educators and school personnel with quality information and tools to implement mental health programs with adequate provision for student psychosocial well-being within the school environment (Wright, 2023).

Similarly, teachers seek support from principals, fellow educators, and most importantly, the barangay midwife. They call parents right away in an emergency. However, it becomes incredibly hard to attend to matters as they surface without any initiatives aimed at health promotion set up to build a team linkage among the support staff working alongside the teachers and the building of trust and rapport to deal with those crucial subjects in a private setting would drive the health and well-being of the teachers concerned. This shift would help to alleviate the disempowerment of students concerning teachers and encourage students themselves to discuss sensitive health matters (Littlecott et al., 2018).

On the other hand, the important source of support is the teacher's innate enthusiasm and concern for kids' health, which they see as an essential component of their job description. Students feel comfortable approaching them with health concerns because of the close relationship that is fostered by this compassion. Secondary School teachers define their roles as vital to strategies in handling student illness through an environment conducive to health promotion, stigma dispelling, and offering responses or remedies to mental health issues among students during schooling. It thus denotes that crucial roles are played by teachers in the school-level health system concerning their general well-being (Dimitropoulos et al., 2021).

Although they admit that trustworthy information isn't always readily available, some educators turn to fast phone searches for common symptoms or fundamental first aid techniques when they're unsure. Moreover, despite difficulties brought on by their hectic schedules and staffing shortages, teachers try to collaborate with the Rural Health Unit (RHU) or Barangay Health Workers (BHWs), acknowledging that they are the closest official medical resources.

Ways in Adapting Practices to Develop Informal Protocols to Address Recurring or Complex Student Health Concerns. This organized theme captures the creative and flexible methods clinic teachers use to establish unofficial but efficient procedures for handling complicated or recurrent student health concerns in the classroom.

Recognizing that student well-being is a shared concern, participants support health training for all teachers, not just clinic designates. To keep an eye on kids' health, they recommend cooperation between advisors, teen center coordinators, guidance counselors, and teachers. It can also be stated that although there has been an appreciable increase in the number of students with chronic health conditions in the schools, teachers barely identify any kind of exposure to special programs that have adequately prepared

them for better support in an educational setting. There seems to be too big a gap in teacher preparation programs since many reports feel they do not have the requisite knowledge to support students with chronic health conditions in the school environment (Irwin et al., 2018).

Moreover, teachers adjust by looking for trends in the health problems of their students (such as stress, headaches, and asthma) to identify common causes. They establish routines such as keeping health monitoring logs, preparing first aid supplies, and putting in place private reporting systems. Setting up meetings with parents aids in their understanding of the circumstances, and collaborating with co-teachers and the Red Cross Youth Council guarantees a common response. Even in the absence of a full-time medical professional, these routine behaviors develop into unofficial but efficient procedures for prompt and appropriate care.

In addition to this, the teacher may even hold a series of meetings to cater to different health needs. The occasions may also be referred to as formal meetings, such as Individualized Education Program (IEP) meetings, whereby the needs of students, including health-related accommodations, services, and so on, are discussed. Informally, such occasions might include school visits, hallway chats, and classroom discussions on health-interest topics (Dyches et al., 2011).

In addition, teachers keep in touch with students and document the health issues of the students to ensure that there is a basis on the history of the students' health condition. Moreover, there are many health issues in the environment of schools, which often affect classroom teachers because the health of students affects their learning. Teachers are not health education specialists, but they are the first spies in the disclosure of the different needs of students which helps in getting along the way with addressing a certain health problem that may hinder a student from learning or functioning, the preparation includes setting up the systems or mechanisms to identify and respond to such health problems, either through documentation or communication channels in the school (Deutsch & Merseth, 2002).

Moreover, teachers gain knowledge from seminars, YouTube, and experienced colleagues in addition to receiving formal training. They stress that firsthand experience, especially with recurring situations, greatly improves their capacity to react appropriately, applying previously learned lessons to novel, comparable situations. Furthermore, practical experiences are most importantly the relationship-building with students, which is very much the foundation for student teachers' learning in support of secondary school learners' health and wellbeing. Relationship work was viewed as being at the very heart of everything in health and wellbeing. Beyond classroom placements, the other experiences were considered pivotal concerning the knowledge of teachers' health and wellbeing. It is also possible to say that, through experience, contact with pupils and the observation of established practice are core parts of the preparation of teachers in dealing with student health needs in class (Campbell et al., 2024).

Similarly, teachers try to get information from parents about what treatments or remedies worked when a particular health issue, like a type of skin rash, frequently occurs among students. Other educators are then given access to this unofficial knowledge. Thus, effective communication between parents and teachers at school results in strong cooperation for better educational achievements of students. More time should be given to allow parents to express their goals or interests. The one parent who thinks their views are never heard blocks such meaningful collaborative power that communication may engender; true partnering is to regard parents' input and honest suggestions highly, as it relates to their child's education (McNaughton & Vostal, 2010).

Through Observing and Investigating Students' Health. Teachers rely on looking for trends in the health of their students. They might covertly investigate things like whether the child ate breakfast or whether a

particular activity caused their illness if they notice that a child gets sick on the same day every day. They can comprehend and deal with underlying problems thanks to this personal "investigation." Furthermore, teachers are observing that students suffering from health symptoms may be detected/made known easily by teachers at the schools. These teachers stand at the front lines in time from the conjunctions of possible underlying mental tendencies to behavioral patterns. School teachers, therefore, need to acquire the most intensive education regarding all matters concerning mental well-being. Such schooling would provide teachers with all possible tools to detect and work with possible mental illnesses, or to send referrals for health professionals' services when needed (Manjari & Srivastava, 2020).

Perspective on the Necessity and Importance of Having School Nurse Within School Setting. Based on their personal experiences, teachers strongly agree that school nurses play an essential role in the classroom, which is reflected in this structured theme.

Informants stated that a school nurse is crucial to maintaining school safety and order as well as efficiently managing children's health. It is believed that nurses are better at keeping an eye on children's health and treating their ailments, especially when they are afflicted with severe conditions. Their extensive knowledge would allow for more effective health education, prevent interruptions to instruction, and guarantee uninterrupted classes and learning.

In addition, teachers play a central role to the fact that they help to create security and order in the environment of the school, and this leads to the health and well-being of a person. The health of every student must be ensured in every learning or training-related activity and school services, along with all educational institutions, including schools. This would then culminate in the provision of conditions of healthy and safe operation for the learner, the teacher, and every other occupant of the educational establishment. One of the ways teachers do this is by proposing to make the learning environment more favorable for the physical and mental well-being of students (Tureková & Bagalová, 2018).

Most participants agree that school nurses are very important. Even with basic first aid training, teachers acknowledge that many situations are beyond their limited medical knowledge and capabilities. They are aware that serious or complex health problems, chronic illnesses, and special health needs require the expertise and specialized care of a trained health professional. Teachers without medical training cannot ensure a child's safety, but a nurse "knows what to do instantly" in an emergency.

Moreover, high school faculty intervene in the health needs of students so that, with role modeling, teachers can instill in students the practice of positive health habits and physical activity developed in the school curriculum. Teachers can also work with parents and health personnel and share local information on facilities and activities that promote student health and well-being. This holistic approach emphasizes the very important role that teachers play in motivating healthy adolescent lifestyles during an important time of their development (Steele, 2011).

Influence of Experience to Teachers' Understanding of the Scope and Limitations of Professional Roles and Responsibilities. This section discusses how teachers' perceptions of their professional responsibilities and their inherent limitations have been significantly impacted by their experience managing students' health.

Experience has made educators acutely aware of their knowledge gaps, frequently depending on their instincts or the assistance of others, and realizing that their non-practicing medical knowledge could make a child's condition worse rather than better. Given the increase in mental health and suicidal incidents in schools, they are adamant that an expert medical professional or nurse is truly needed for children's health.

This insight underscores the necessity of a cooperative team comprising educators, guidance counselors, and administrators, as well as the vital role that school nurses play in promoting the welfare of students. Furthermore, the provision of nursing services is paramount in maintaining and promoting the health of students in a school setting. The need for assessment is vital, both for evaluating the impacts of such interventions on the education and health of students. However, the systematic review has indeed made it clear that the school nurse has a very high possibility of intervening in student health through various activities such as assisting with immunization compliance, attendance rates, body mass index [BMI] screening, and vision screening intervention. Thus, the professionalization of nursing is necessary in dealing with and managing student health needs within a conducive learning environment (Lineberry & Ickes, 2015).

In addition, teachers have a profound understanding of the crucial role health plays in learning because of their experience as clinic in-charge. They note that a student's capacity to learn and grow is greatly impacted by health concerns. Although this dual role requires a great deal of time, effort, and emotional fortitude, it also provides a great sense of fulfillment from helping students learn and thrive. Because an unhealthy child cannot learn effectively, the experience broadens their understanding that their role goes beyond academics and that student well-being is an essential, if unexpected, daily responsibility.

Similarly, different world education systems acknowledge that health and well-being impartation constitute an important professional capacity for the teacher. Student teachers who engage in well-being and health thus consider the development of positive relationships with pupils as an important aspect. They further enjoy learning about the health and well-being practices of teachers when placed. Thus, this stresses the interconnections between teachers' well-being and learning experiences and how they address pupil health needs when effective in the classroom (Campbell et al., 2024).

One important realization is that the task is manageable if you accept it heartily and do it with passion for the child, despite the dual role of teacher and clinic in-charge, and various challenges. In addition, the teachers appeared to affirm their acceptance of the task-shifting role in healthcare provision as the essential factor for adoption and sustainability, even if some selected learners did not know they were receiving care. Such acceptance emanated from the belief that anything they do at least improves behavior and academic performance (Cruz et al., 2022).

Awareness of One's Limitations. Teachers are now acutely aware of the "clear limitations of my non-medical training" because of this experience. They now understand the "huge gap between basic first aid and actual nursing care," which includes diagnosing, prescribing, and managing serious emergencies. By and large, teachers in most institutions are unable to render assistance due to a lack of knowledge and practical skills in emergency health situations. Thus, students may be unprepared and, therefore, exposed to lapses and hazards from health-related emergencies within the school. These deficiencies and others become grievous matters considering student safety and highlight the urgent need for better training and resources for teachers concerning emergency health needs (Matos et al., 2024).

Recommendations or Insights for Improving the Support and Management of Student Health Needs Within Schools. Teachers' practical ideas and policy recommendations, which are based on their experiences managing students' health without sufficient professional support, are summarized in this structured theme.

Participants at a permanent school have worries about complicated health issues like mental health and teen pregnancy. Participants strongly advocate for the establishment of a permanent school nurse to guarantee appropriate care for kids. They also recommend a comprehensive health education curriculum

that covers mental health awareness, access to health records for monitoring, inclusion of special needs education, regular health training for all DOH teachers for preparedness, and improved coordination with health institutions. Clinic teachers should receive training to ensure they are competent in first aid, even in the absence of a nurse.

Furthermore, some of the health services available today include wellness screening at school, consultation with the educator should it concern a particular issue, home visits and mental health referrals, and nursing care to students with chronic conditions such as asthma, allergies, and diabetes. Unfortunately, with so much needed, the quality and sustainability of health services for school nursing at schools continue to suffer because of budgetary constrictions in public schools and vague legislation. Thus, management of these health needs, as well as ensuring that students realize their academic and health potential, would require the full-time presence of a school nurse in the institutions (Marques et al., 2017).

Moreover, to properly attend to the health needs of students, teachers assigned to clinic duties should have fewer classes. To better prepare them for a variety of health issues, they also require more training and seminars, and there should be enough medical resources and supplies available. Moreover, through training, teachers will not be left off in developing their skills and knowledge, which will greatly help them even for professional problems such as student needs. Professional development of teachers needs to be kept on going because they learn about issues of new ideas and research in their field while themselves advocating for lifelong learning and improving the quality in teaching and professionalism as a teacher. Yet, fulfilling the demands of ever-changing conditions that tend to improve efficiency for teaching and also help manage the many kinds of needs from students, including health needs, would refer to more indirect consideration of the needs of the students (Omar, 2014).

In addition, increasing the number of school nurses on each campus is a major suggestion. If it is not possible, emergency response workshops and basic health training should be offered to teachers. Furthermore, hands-on training in the administration of rescue medications in allergic reactions, asthma attacks, seizures, diabetes, and first-aid advice on handouts and an e-toolkit were also provided. These clinical skills were taught to prepare the teachers and instill confidence in them to assist students during emergencies triggered by health conditions (Elizalde et al., 2024).

Thus, the basic necessary medical supplies like blood pressure monitors, accurate thermometers, and a cozy, private sick bay should be provided in schools. Incorporating engaging and useful health education into the curriculum, taught by qualified educators, can equip students with knowledge about self-care and possibly lower incident rates. Yet even properly systematized provisions will be realizing their life in the event of putting out a window for the pupils with health-related requirements to prepare their staff to face or respond in emergencies so that children and young people can be taken care of with any health needs. Much of preparedness tends to come with provisions-from emergency inhalers and adrenaline auto-injectors, to a good amount of advice on other first aid supplies (Quinlivan, 2018).

Furthermore, for the management of common illnesses and emergencies, clear and standardized protocols are required. To reduce uncertainty and enhance communication, teachers need detailed instructions on what to do, when to call parents, and when to refer students to health centers. With procedures for urgent consultation and referral that go beyond unofficial calls, formalized partnerships with nearby Barangay Health Units and Rural Health Units are crucial. Moreover, the policy of management of abdominal pains in pediatric emergencies when they come to the hospital, though protocolization as a concept is considered good in improving the quality of care. This concept can well be transposed into the school scenario where effective protocols for standard treatments have been devised to address student health issues. Dealing

with such medical issues following the required guidelines, teachers and school staff will then be prepared for handling them consistently and at the same high quality as noted above for pediatric emergencies (López Campos et al., 2014).

Implications for Practice

The study findings point to the urgent need for schools to create support structures necessary for student health care, particularly when designated school nurses are lacking. Basic health training to specialized training should, therefore, be provided to teachers to ensure they are adequately confident in various student health issues and can offer immediate care appropriately. While doing so, the possibility of mental health support for teachers must also be considered, as the emotions involved in handling student health needs are anything but formally recognized for medical input. All this adds to the pressing need for support systems directed toward addressing teachers' perceived deficiencies in knowledge and skills through holistic training.

Based on the findings, the following implications for practice are offered.

On Specific Health-related Task and Responsibilities Undertaken Without a School Nurse. Schools may provide basic health training for teachers. This training would cover common student health needs. It would help teachers feel more confident in emergencies. This ensures students receive immediate and appropriate care.

On Description of One's Preparedness and Comfort in Addressing Various Students' Health Issues. Teachers may need more focused health training programs. These programs should cover different student health issues. Better training helps teachers feel more ready and comfortable. Feeling prepared leads to safer and more effective student support.

On Emotional and Psychological Effects Experienced When Managing Students' Health Needs Without Formal Medical Training. Schools may offer mental health support for teachers. This support can help them deal with stress. Counseling services should be easily available. This helps teachers cope with difficult health situations.

On Perceived Limitations of Knowledge and Skills that Prevent One from Effectively Addressing Diverse Student Health Concerns. Training programs may address teachers' knowledge gaps. These programs may cover many different health concerns. Teachers need practical skills for quick action. This helps them manage a wider range of student health needs.

On Ways Managing Student Health Impact One's Primary Teaching Duties and Workload. Schools may recognize the extra work teachers do for student health. They could adjust teacher workloads to balance this. Clear steps for health issues would save time. This helps ensure teaching quality stays high.

On Systemic or Resource-Related Challenges Encountered When Dealing with Student Health Concern. Schools may provide necessary health supplies and equipment. They may need clear ways to communicate health concerns quickly. Money should be set aside for these health resources. This improves the overall health support system for students.

On Ways in Managing Time, Balancing Teaching Responsibilities, and Attending to Student Health Needs. Teachers may need strategies to manage their time better. Schools can offer flexible work schedules. Support staff could help with basic health tasks. This helps teachers balance all their important duties.

On Sources of Support Sought or Utilized to Assist in Managing Student Health Issues. Schools may create formal support networks for teachers. These networks could include health experts. Teachers may need easy ways to access these resources. This ensures consistent and reliable health assistance for students.

On Ways in Adapting Practices to Develop Informal Protocols to Address Recurring or Complex Student Health Concerns. Schools may make informal health practices official. These new rules should cover common and hard health issues. It is important to review these rules regularly. This creates a consistent and effective health management system.

On Perspective on the Necessity and Importance of Having School Nurse Within School Setting. Schools may make hiring qualified school nurses a top priority. Nurses provide expert medical care and advice. Their presence reduces the burden on teachers and makes students safer. This is very important for a healthy school environment.

On Influence of Experience to Teachers' Understanding of the Scope and Limitations of Professional Roles and Responsibilities. Clear job descriptions may explain teacher roles in health. Training may show what teachers can and cannot do. This helps teachers understand their limits. It stops them from taking on medical tasks they are not trained for.

On Recommendations or Insights for Improving the Support and Management of Student Health Needs Within Schools. Schools may create a full health support plan. This plan should involve teachers, nurses, and parents working together. Health services need to be checked often for improvements. This ensures students get better health care over time.

Implications for Future Research

This section suggests important directions for future studies, building on the findings from this research. These new studies can help us understand more about clinic teachers in education and how to best prepare for it.

For future research, it would be helpful to study other groups of teacher participants. This could include clinics in charge of elementary schools in Monkayo, or clinic teachers in other regions of the Philippines. Researchers could also re-interview the same teachers after some time. This would show how their understanding of the role of clinic teachers and their coping mechanisms has changed.

Second, future research could investigate the same issues among private secondary schools. This would help us understand if different school types or resources change how clinic teachers deal with students' health needs. Also, while this study looked at teachers' views, another study could find out students' experiences on how their health issues are addressed at school. This would give a fuller picture of the situation from their perspective.

Finally, this study focused on how teachers identify and manage students' health needs. Future research could explore how clinic teacher's role are changing and how these changes impact clinic teachers' in addressing the student's health needs. It would also be valuable to investigate the long-term effects of clinic services on students' health needs. This continued research will help clinic teachers and policymakers adapt to the fast-changing world.

Concluding Remarks

Based on the comprehensive findings of this study, it can be concluded that teachers designated as clinic in-charge in Monkayo District navigate a demanding landscape in managing student health needs, primarily due to a pervasive lack of formal medical training, insufficient time, and limited access to resources. Despite their commendable dedication and compassionate approach, these educators consistently experience considerable emotional and psychological strain, marked by stress, profound worry, and a tangible impact on their ability to focus on primary teaching duties. This persistent sense of unpreparedness, particularly when confronting serious or complex medical concerns, underscores a

significant disparity between the responsibilities thrust upon them and their actual capacity, leading to inherent role strain.

However, the study also highlights the remarkable resourcefulness and resilience of these teachers as they employ various coping mechanisms, ranging from seeking help from colleagues and external stakeholders to initiating informal health protocols and leveraging their passion for student welfare. Their experiences have profoundly shaped their understanding, leading to a strong, unified realization: the presence of professional school nurses is not merely beneficial but critically important for ensuring student safety and effective health management. This collective insight further emphasizes their acute awareness of their professional limitations and the undeniable link between a student's well-being and their capacity to learn, ultimately pointing to an urgent need for systemic improvements in school health support structures

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